Supplementary material | Clinicoradiological features of adenomatoid tumors of the adrenal gland.

Author and citation	No.	Age/Sex/Side	Clinical findings, symptons and other diseases	Greatest dimension (cm)	Imaging modalities	Location	Margin	Density/Intensity(noncontrast)	Contrast	Other features of imaging	Preoperative diagnosis	Gross findings	Haemorrhage/Calcification/Necrosis/Others findings in pathology	Follow-up
Angeles-Angeles et.al(1)	1	34/M/R	IFA（AIDS）	3.0	/	Correct	/	/	/		/	Solid	None	Died
Gasque et.al(2)	2	28/M/R	IRF(acute cholecystitis)	9.0	MRI	Correct	*	mainly solid(homogeneous, isointense to the spleen), peripheral cystic areas	marked enhancement(solid)	Absence of intravoxel fatty and water elements	*	Solid & Cystic	Necrosis(G)	16 months
Kim et.al(3)	3	33/M/L	IRF(hypertention,Proteinuria)	1.7	CT	Correct	*	*	*		Adenoma	Solid	None	*
CHUNG-PARK et.al(4)	4	51/M/R	IRF(hypertension of primary aldosteronism)	3.0	CT	Correct	well-circumscribed	*	*		Adenoma(aldosterone producing)	Solid	None	*
Isotalo et.al(5)	5	37/M/L	IFS	3.1	/	Correct	/	/	/		Metastatic adenocarcinoma (frozen section)	Solid & Cystic	None	40 months
	6	31/M/R	IRF(asymptomatic)	3.2	*	Correct	*	*	*		Metastatic adeno carcinoma (FNA)	Solid	None	*
	7	31/M/unspecified	IRF(syncope)	3.5	*	Correct	*	*	*		Adrenal cortical tumor	Solid	None	50 months
	8	64/M/L	IFA	1.2	/	Correct	/	/	/		Lymphangioma	Solid	None	Died
	9	44/M/L	IRF(hypertension)	3.2	*	Correct	*	*	*		Lymphangioma	Solid	Calcification(Micro)	177 months
Denicol et.al(6)	10	42/M/L	IRF(Renal colic,hypertension,left renal stones)	10.5	CT	Correct	*	heterogeneous	peripheral enhancement,hypodense in interior		*	Solid	*	3 years
Garg et.al(7)	11	46/M/R	Not mentioned	11.0	CT	Uncertain(hepatic,renal,or adrenal origin)	*	a cyst of hepatic, renal, or adrenal origin	*		Cyst(of hepatic, renal, or adrenal origin)	Cystic(multilocular,thinken wall)	Haemorrhage and Calcification(G)	*
	12	33/M/R	Not mentioned	4.2	CT、MRI	Correct	a mass without invasion into the surrounding tissue	*	*		*	Solid	*	1 year

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Hamamatsu et.al(8)	13	30/M/L	IFA(illness after drinking alcohol)	3.0	/	Correct	/	/	/		/	Solid	Calcification(Micro)	Died
Varkarakis et.al(9)	14	54/M/R	IRF(acute right flank pain,right renal stones)	3.6	CT、MRI	Correct	*	*	*	Calcified components	*	Solid	Heterotopic ossification	1 year
Fan et.al(10)	15	42/M/L	IRF(hypertension,left renal stones,right renal cyts)	2.5	CT	Correct	*	*	*	Calcified spots	Inactive adrenal tumour	Solid & Cystic(tiny)	Calcification(G)	*
Timonera et.al(11)	16	47/M/R	IRF(diverticulitis)	7.0	MRI	Correct	*	*	*	Lipid-poor	Adenoma(lipid-poor)	Solid	*	*
	17	52/M/R	IRF(hypertension)	5.5	CT、MRI	Correct	*	*	*		*	Solid & Cystic	Haemorrhage(G)	*
Hoffmann et.al(12)	18	26/M/R	IRF(asymptomatic)	15.0	CT	Incorrect(hepatic origin)	*	a giant cystic of the liver	*	Calcifications	Echinococcus cyst of the liver	Cystic(passed through by fibrous trabeculae)	*	*
Biscegli a et.al(13)	19	39/M/R	IRF(asymptomatic，cancer of the left colon 4 years ago)	5.5	CT	Correct	well-defined	hypodense	*		Adenoma(non-functioning)	Cystic(focal mural thickening and short endoluminal papillations)	*	*
El-Daly et.al(14)	20	51/M/L	IRF(asymptomatic)	*	CT、MRI	Correct	well-defined	solid	*		*	Solid & Cystic	Calcification(Micro)	*
Phitayakorn et.al(15)	21	22/M/R	IRF(mediastinal lymphadenopathy,HIV)	2.5	MRI、PET	Correct	*	*	atypical enhancement	SUV=3.4	Adenoma(non-functioning) /Malignancy	Solid	None	*
Limbach et.al(16)	22	24/M/L	IRF(SDHD mutation)	3.6	CT、MRI	Correct	*	heterogeneous	*		*	Solid	Haemorrhage(G)	*
Li et.al(17)	23	32/M/L	IRF(asymptomatic)	4.0	CT	Correct	smooth	uneven density	majority unenhancement, mild to moderate enhancement of a small part		*	Solid	Haemorrhage(G)	2 and a half years
Zhao et.al(18)	24	62/M/R	IRF(hypertension)	3.0	CT	Correct	well-demarcated	hypodense	slight peripheral enhancement		Adenoma(non-functional)	Cystic(tiny,thin-walled,spongy)	None	8 months

Author and citation	No.	Age/Sex/Side	Clinical findings, symptons and other diseases	Greatest dimension (cm)	Imaging modalities	Location	Margin	Density/Intensity(noncontrast)	Contrast	Other features of imaging	Preoperative diagnosis	Gross findings	Haemorrhage/Calcification/Necrosis/Others findings in pathology	Follow-up
Babinska et.al(19)	25	40/F/R	IRF(asymptomatic)	9.0	CT	Correct	well-circumscribed	*	*		Adrenal carcinoma(non-functional)	Solid	*	*
Sağlıcan et.al(20)	26	40/M/R	IRF(asymptomatic)	5.5	MRI	Correct	well-marginated	mostly hyperintense,internal hypointense(nodular and thin septal components) on STIR	enhancement of internal components	No signal changes between in phase and out of phase T1-weighted images	*	Solid & Cystic(spongy)	*	1 year
Krstevska et.al(21)	27	30/F/R	IRF(asymptomatic)	8.0	CT	Correct	well-demarcated	heterogenous,hypodense	*		Myelolipoma	Cystic(smooth inner surface,filled with gelatinous)	Haemorrhage(G)	4 years
Dietz et.al(22)	28	28/M/R	IRF(Chronic abdominal pain)	4.5	CT、PET	Correct	well-defined	mainly solid(heterogeneous),cystic component(hypodense),intermediate density zone		Concordant uptake of the solid and cystic areas(SUVmax=4.64)	Malignancy	Solid	None	*
Guan et.al(23)	29	30/M/R	IRF(palpitation and dizziness)	3.5	CT	Correct	well-demarcated	*	*		*	Solid	None	21 months
	30	31/M/L	IRF(asymptomatic)	8.0	CT	Correct	*	*	*		Adenoma	Solid & Cystic(tiny,thin wall)	None	8 months
Qi et.al(24)	31	50/M/R	IRF(asymptomatic)	9.0	CT	Correct	*	mixed-density,polycystic(uneven thickness of the cyst wall)	mild enhancement		*	Cystic(multilocular)	*	6 years
our cases	32	33/M/R	IRF(elevated CA125)	4.0	MRI	Correct	well-marginated	mainly cystic,peripheral solid(hyperintense on SPAIR)	heterogeneous marked enhancement(solid)		Schwannoma/Pheochromocytoma	Solid & Cystic(multiple)	None	43 months
	33	28/M/R	IRF(asymptomatic)	4.0	CT、MRI	Correct	well-defined	mixed-density,mainly solid(hypointense on T1 and hyperintense on T2)	moderate enhancement, impregnated progressively from the periphery to the center,delayed washout	No signal changes between in phase and out of phase images	Ganglioneuroma	Solid	None	22 months

*M, male; F, female, R, right adrenal gland; L, left adrenal gland; IRF, incidental radiographic finding; IFA, incidental finding during autopsy; IFS, incidental finding during surgery for unrelated reasons; FNA, fine needle aspiration; *, not mentioned in the article; /, did not do any imaging examination; &, and; G, observed in gross examination; Micro, observed only by microscopy. The greatest diameter of the tumor is recorded based on the resected specimen, and if not mentioned, the diameter measured on the imaging is substituted.*

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