Prof. Rajeev Kumar: adrenal masses

Submitted Jun 18, 2016. Accepted for publication Jun 22, 2016.
doi: 10.21037/tau.2016.07.07
View this article at: http://dx.doi.org/10.21037/tau.2016.07.07

The 111th American Urological Association Annual Meeting 2016 (AUA 2016) was held successfully in San Diego Convention Center, San Diego, USA from May 6th to May 10th, 2016. It is the largest scientific meeting to gather together urologists in the world and to provide latest advances in urologic medicine.

During the meeting, Prof. Rajeev Kumar (*Figure 1*) from All India Institute of Medical Sciences, New Delhi was the moderator of the course on Adrenal. We are honored to invite Prof. Kumar for an interview on adrenal masses.

Figure 1 Prof. Rajeev Kumar.

Introduction

Rajeev Kumar is a Professor in the Department of Urology at All India Institute of Medical Sciences, New Delhi, India. He has completed MBBS, MS and MCh (Urology) and is well known for providing services in adrenal surgery, microsurgery for male infertility, andrology, laparoscopy and robotic surgery, upper tract endourology etc.

Prof. Kumar is the Chief-editor of *Indian Journal of Urology*, Associate Editor of *International Journal of Urology* and International Consulting Editor of *Journal of Urology*. He is also the Co-chair of International Consultation on Urological Diseases on Male Infertility and Sexual Health and Co-opt Executive Member of Urological Association of Asia.

Interview

TAU: Could you kindly review the surgical management of patients with adrenal masses?

Prof. Kumar: A lot of adrenal lesions are detected incidentally during routine abdominal imaging and a majority of these lesions do not need surgery. Most adrenal masses have to be evaluated to decide whether they are hormonally functional or malignant. Lesions which are functional or where there is a suspicion of malignancy typically need surgical removal. So the initial detection of adrenal lesions requires a full work up before you decide to remove them or not.

TAU: What's the best management for incidental adrenal masses?

Prof. Kumar: If the adrenal mass is small and non-functional, you can probably just observe the lesion without operation. However, if the lesion is hormonally active (producing catecholamines, cortisol or aldosterone), is symptomatic, or has a risk for malignancy due its size or radiological features, you need to do surgery to remove it.

TAU: What's your perspective of minimally invasive treatment of adrenal cancer?

Prof. Kumar: The majority of adrenal tumors are treated with a minimally invasive approach, primarily laparoscopy. In the past, adrenal cancers were not treated laparoscopically and it was believed that you should operate on them by open surgery. However, current techniques allow complete removal of even large tumors laparoscopically and we no longer believe that is essential to perform open surgery for all cancers. If the tumor can be completely removed with minimally invasive approach, then we would do it, even if it were a cancer.

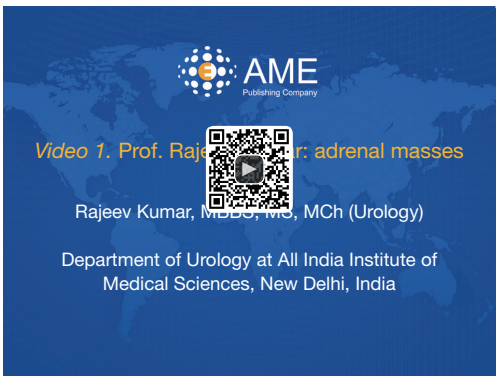

Figure 2 Prof. Rajeev Kumar: adrenal masses (1). Available online: http://www.asvide.com/articles/1072

TAU: Do obesity and diabetes affect surgical outcomes?

Prof. Kumar: There are some data presented in this AUA meeting that patients who have diabetes are more likely to have complications after adrenal surgery. However, despite the increasing complications, the presence of diabetes and obesity is not a contraindication to surgery. In fact, some of these patients may be the ones more likely to benefit from minimally invasive surgery. Therefore obesity and diabetes are not contraindications for surgery.

TAU: Any clinical practice guideline for adrenal masses?

Prof. Kumar: There are guidelines on evaluation of adrenal lesions. What these guidelines basically do is to tell you the standard approach to evaluation and which tumor or lesion should be operated.

TAU: Any suggestion to young urologists for surgical management of adrenal carcinoma?

Prof. Kumar: Adrenal lesions are often managed by endocrine surgeons or general surgeons. My advice to urologists, particularly the young urologists, is that they must continue to operate on adrenal tumors and not let this be taken over by other specialties.

TAU: Why do you choose to get into the field of urology?

Prof. Kumar: My primary choice was to become a surgeon; the selection of a sub-specialty came later. Among the surgical specialties, urology is probably the most technology-friendly. Most patients recover well and go home early, and it allows time to pursue other interests.

TAU: What would you like to choose as your career if not to be an urologist?

Prof. Kumar: My other major interests are teaching and medical publishing, and I would possibly have been a full-time teacher or medical journal editor.

For more details about this interview, readers can refer to the following video (*Figure 2*).

Cite this article as: Gao LM. Prof. Rajeev Kumar: adrenal masses. Transl Androl Urol 2016;5(4):630-631. doi: 10.21037/tau.2016.07.07

Acknowledgements

On behalf of the editorial office of *Translational Andrology and Urology* (*TAU*), the author would like to extend her gratitude to Prof. Kumar for sharing his perspectives with us.

Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

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1. Gao LM. Prof. Rajeev Kumar: adrenal masses. Asvide 2016;3:301. Available online: http://www.asvide.com/articles/1072

(Science Editor: Lucine M. Gao, TAU, tau@amepc.org)