

Pheochromocytoma patient successfully treated after 7 myocardial infarctions

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OBJECTIVES

Although a heart attack in the course of pheochromocytoma has been described over 50 years ago, diagnostics focused on catecholamine secretion is not a routine procedure post myocardial infarction.

The Case

49 year old man, previously healthy, was admitted to the hospital in June 2003, with severe pulmonary oedema. Myocardial infarction was diagnosed on the basis of an increase in markers of myocardial necrosis. There was also found a significant hyperglycaemia and ketoacidosis. Coronary angiography, has not confirmed the changes in the vessels. Due to respiratory failure patient had to be mechanically ventilated. There was even a short-term cardiac arrest. After intensive treatment his status had improved and the patient left the hospital in a stable condition, require two antihypertensive drugs and insulin.

In the following years (until 2012) patient has a 6 NSTEMI. In none of the subsequent coronary angiography important atherosclerotic lesions are visualised. The patient frequent suffered from angina and anxiety.

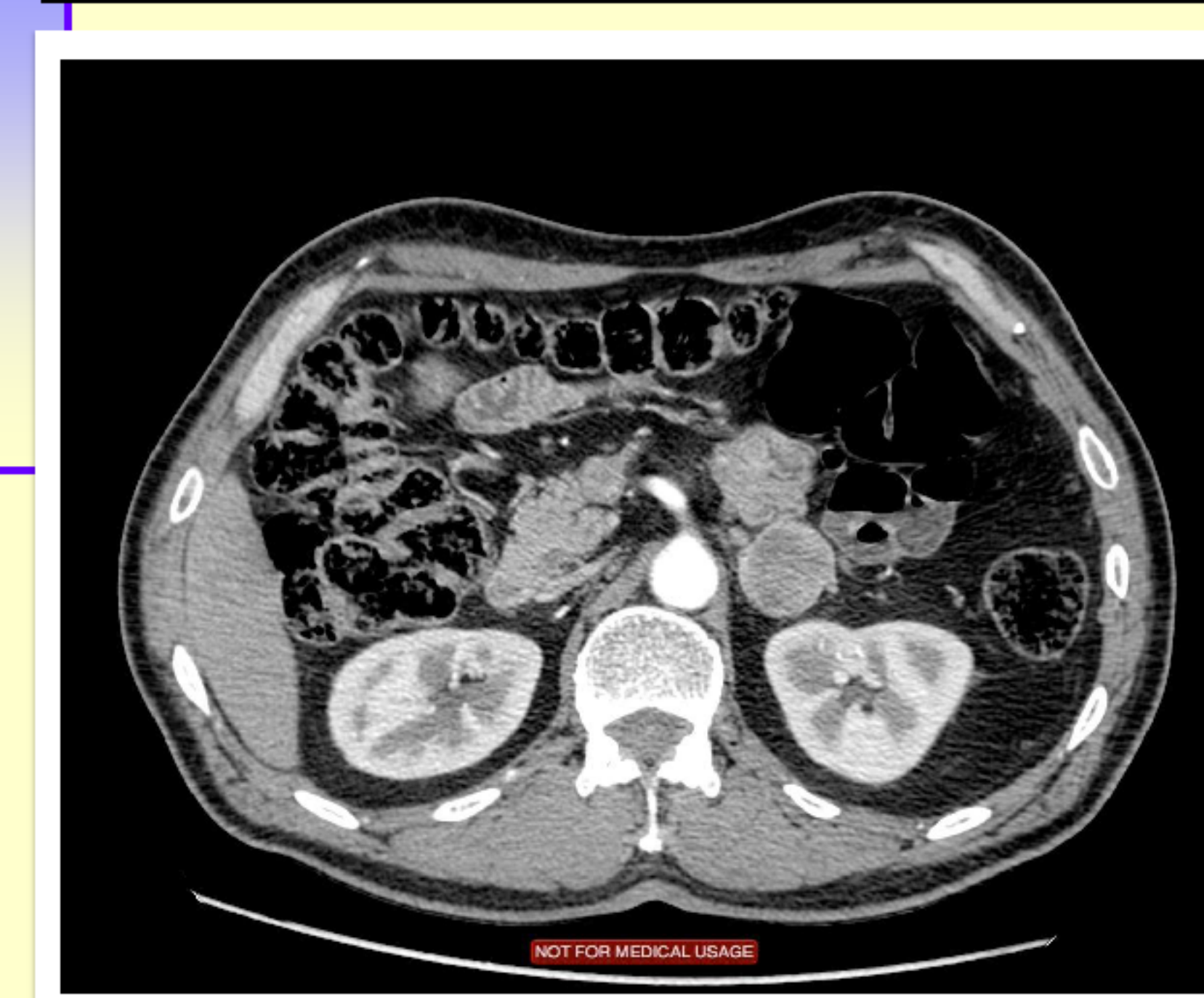
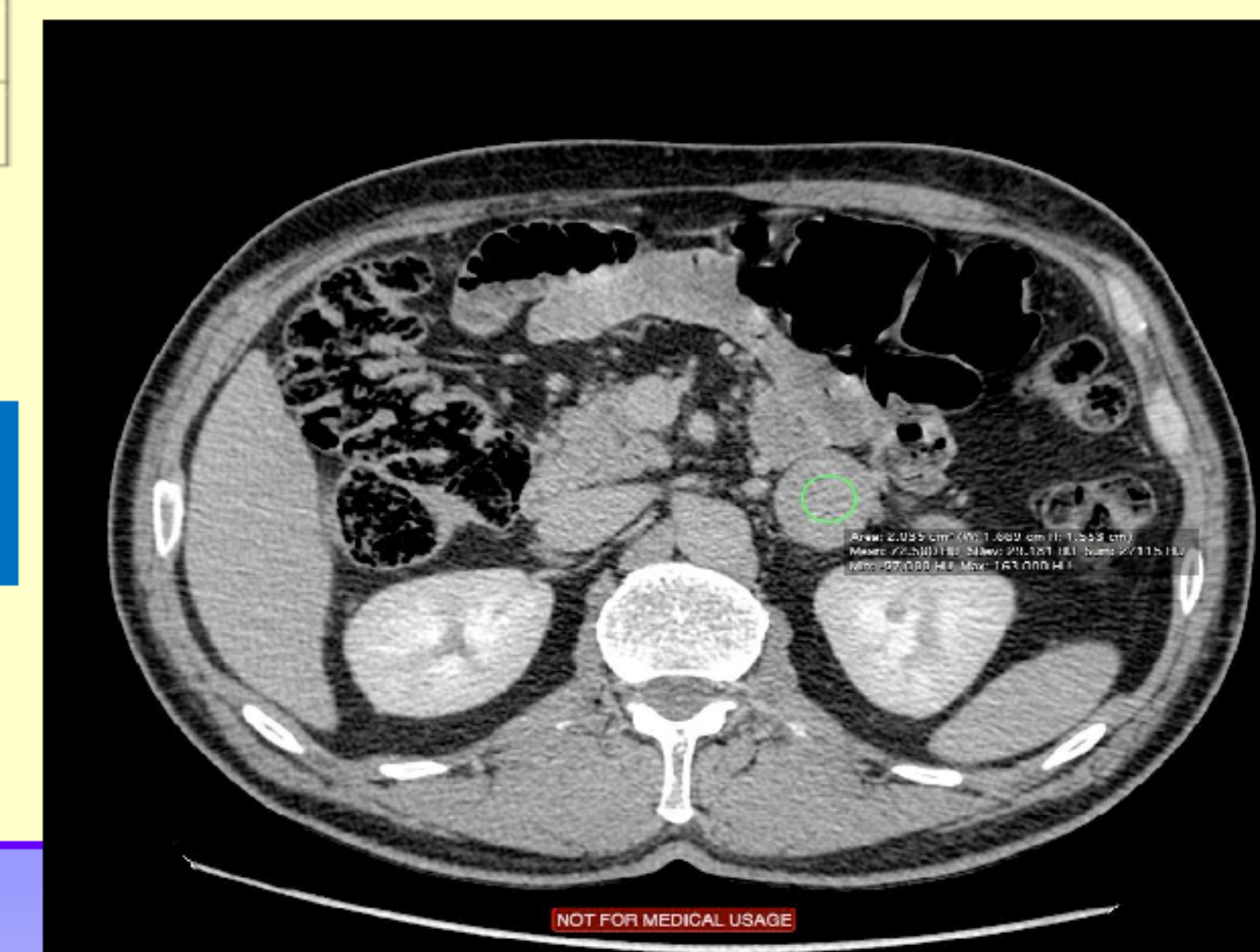
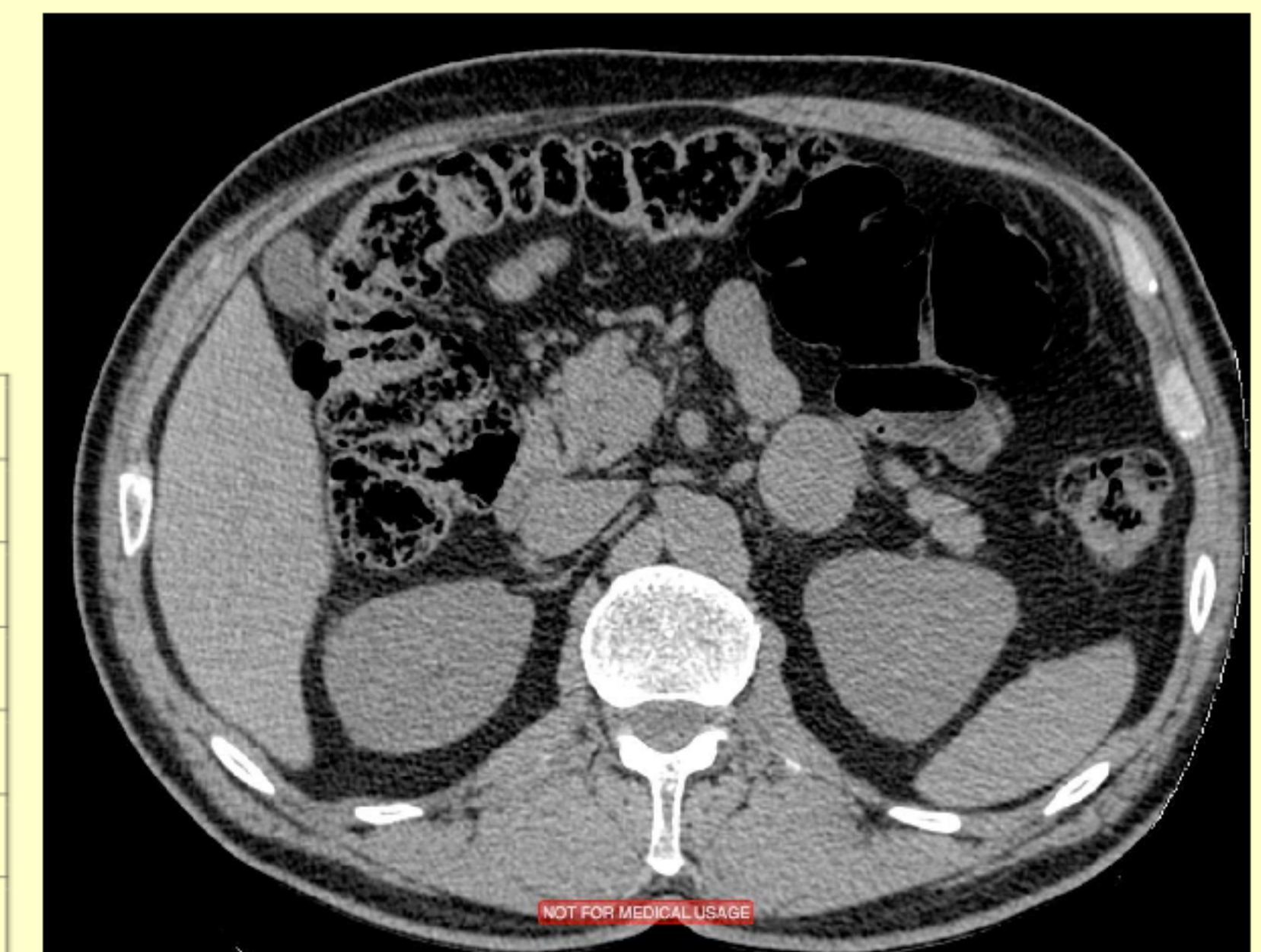
In January 2012 in the left adrenal gland was found in the ultrasound focal lesion, confirmed in tomography as 34 mm high density lesion (50jH) with contrast retention.

Hormonal diagnostics allowed diagnose adrenal pheochromocytoma.

Surgery was delayed for 7 and until now the last heart attack (07/05/2012). After the preparation of alpha-blocker, the patient was successfully operated on 05/09/2012.

Hospitalizations in the Department of Cardiology

| Date | Stenocardia | Headache | Increase BP | Angiography |
|---------|-------------|----------|-------------|-------------|
| 05.2003 | + | - | - | + |
| 09.2008 | + | - | + | + |
| 03.2009 | + | + | - | + |
| 05.2010 | + | - | - | + |
| 06.2011 | + | - | - | + |
| 08.2011 | + | - | + | + |
| 09.2011 | + | - | + | - |
| 05.2012 | + | - | - | + |



CONCLUSION

The diagnosis of pheochromocytoma is difficult, although this may change substantially fate of people affected by them.

An important clue may be inadequate response to typical treatment.

