Different values of urinary fractionated metanephrines in 82 subjects after unilateral adrenalecomy for pheochromocytoma according to the time intervals after surgery

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OBJECTIVES

Urinary fractionated metanephrines are one of methods to monitor recurrence of pheochromocytomas after adrenalectomy. After adrenal surgery, the values of urinary fractionated metanephrines are expected to be reduced, however studies are scarce. This study aims to compare urinary fractionated metanephrines in subjects undergoing unilateral adrenalectomy to those in non-pheochromocytoma controls and healthy volunteers.

METHODS

A retrospective study in a single tertiary center. All patients had undergone unilateral adrenalectomy for pheochromocytomas and had no evidence of recurrence during the follow-up period. Urinary fractionated metanephrines were determined before and after surgery with 3 or 6 month-intervals. Urinary fractioned metanephrines were categorized into three groups according to the postoperative period after surgery.

RESULTS

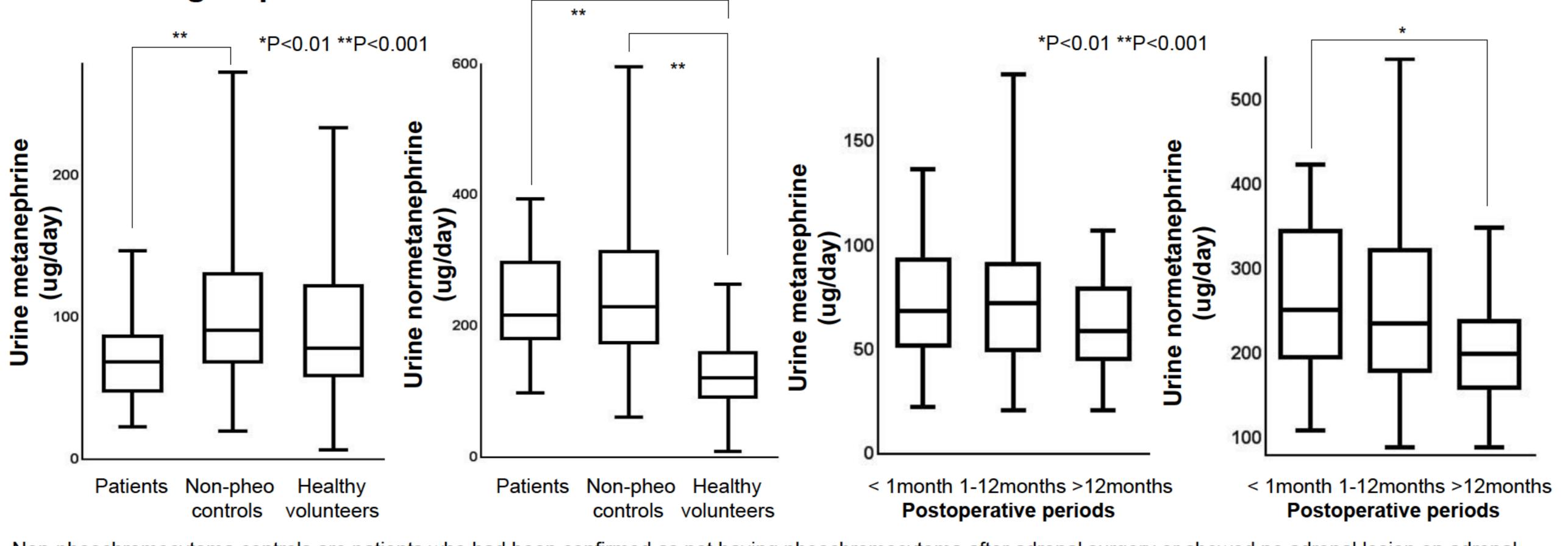
Comparison of urinary fractionated metanephrines in patients and control groups

Variable	Patients (n=82)	Non-pheochromocytoma controls (n=294)	Healthy Volunteers (n=49)
Gender, female (%)	50 (61%)	136 (46%)	24 (49%)
Age, mean±SD (years)	46±13	48±15	24±3
Mass size, median (cm) ^a	4.0 (3.0, 5.5)		
Hypertension, n (%)	35 (43)	210 (71)	0
Urinary MN (ug/day) ^a	70.0 (48.2, 92.3)	92.0 (69.0, 133.3)	78.6 (59.2, 122.5)
Urinary NM (ug/day)a	220.9 (181.9, 309.9)	232.0 (178.3, 318.0)	123.8 (93.0, 162.3)

MN, metanephrine; NM, normetanephrine; aData are presented as median (interquartile ranges).

Urinary fractionated metanephrines in patients and control groups

Postoperative urinary fractionated metanephrines according to the time period



Non-pheochromocytoma controls are patients who had been confirmed as not having pheochromocytoma after adrenal surgery or showed no adrenal lesion on adrenal imaging and had undergone more than 2 years of clinical follow-up.

With respect to interval the time after the operations, median urinary NM levels early postoperative period month) (<1 was higher the than concentration in the (>12 later period months after surgery)

(287.3ug/day

204.0ug/day,

p < 0.01).

The urinary MN

levels after adrenal

surgery were lower

than those in 294

pheochromocytoma

*vs.*92.0ug/day,

p < 0.001),

urinary

did

controls (70.0ug/day

 NM

not

(220.9ug/day

232.0ug/day).

whereas

levels

differ

VS.

non-

CONCLUSIONS

Urinary MN levels were lower in patients after adrenalectomy, but urinary NM levels were not changed as compared to non-pheochromocytoma controls, although higher levels of urine NM were observed in patients who had undergone recent surgery. Adjusted reference interval levels of urinary MN after adrenalectomy are required for the accurate detection of pheochromocytoma recurrence.

REFERENCES

- 1. Lenders JW et al. Pheochromocytoma and paraganglioma: an endocrine society clinical practice guideline. *J Clin Endocrinol Metab* 2014 **99** 1915-1942.
- 2. Osinga et al. Unilateral and bilateral adrenalectomy for pheochromocytoma requires adjustment of urinary and plasma metanephrine reference ranges. *J Clin Endocrinol Metab* 2013 **98** 1076-1083.







