

Phaeochromocytoma in pregnancy: good luck and judgement lead to a successful outcome

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Case study - History

- Female, 37 years old
- Routine referral to endocrinologist with 19 mm, 40 HU right adrenal mass found on abdominal imaging performed to investigate iron deficiency anaemia
- Highly suggestive clinical symptoms: anxiety, palpitations, breathlessness episodes, unable to sleep and exhausted for 2 months
- No family history of MEN
- Drug history: Ferrous fumarate, citalopram 30mg daily, Mefenamic acid during menstrual cycle
- Presumptive diagnosis of small phaeochromocytoma made in clinic, and patient started alpha blockade that day pending confirmatory investigations

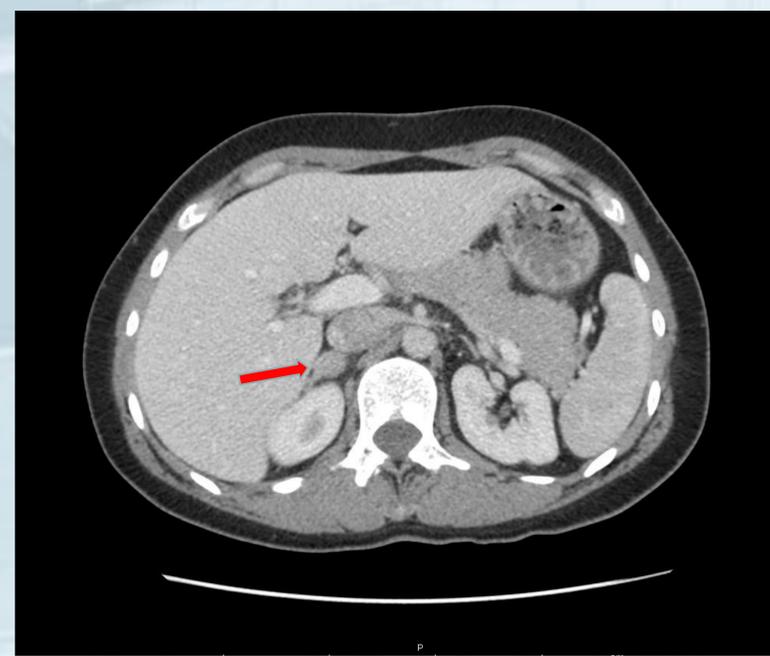
Examination Findings

- Extreme anxiety
- Pulse 80 and regular
- BP 130/80 mmHg
- Height 169.3 cm, Weight 69 kg, BMI 24.1
- Unremarkable systemic examination

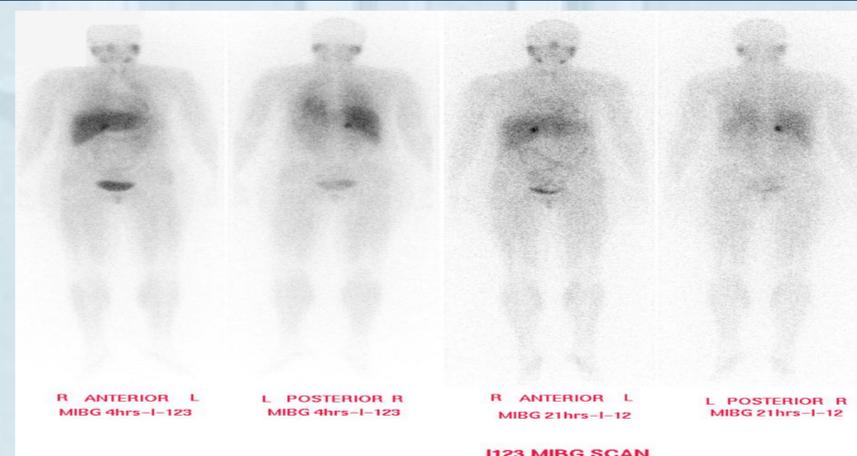
Investigations

	Results	Reference
24h Urine Normetadrenaline	3.6	0 – 3 umol/24h
24h Urine Metadrenaline	3.9	0 – 1.8 umol/24h
Plasma Normetanephrine	4024	120 – 1180 pmol/L
Plasma Metanephrine	2205	80 – 510 pmol/L
CT	19mm right adrenal lesion, 40 Hounsfield units	
MIBG	Intense tracer accumulation in region of right adrenal gland only	

Initial CT imaging



MIBG scan



Case resolution

- The diagnosis was confirmed biochemically and alpha blockade was continued with surgery planned for 6 weeks.
- Patient then reported she was unexpectedly pregnant: LMP 2 days prior to MIBG scan.
- Close collaboration with medical obstetric, anaesthetic and surgical teams was required with full discussion of risks.
- Blockade was continued and surgery deferred to 2nd trimester.
- Uneventful laparoscopic right adrenalectomy of confirmed benign pheochromocytoma at 13 weeks gestation.
- Healthy pregnancy ensued, with spontaneous vaginal delivery of 3kg male infant at 40 weeks. Mother and son remain well.
- Phaeochromocytoma in pregnancy is very high risk for mother and child, but this case demonstrates that early diagnosis and collaborative working can lead to an excellent outcome.