Challenges in the diagnosis of pheochromocytoma – a case report

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Introduction

Adrenal pheochromocytomas are rare neuroendocrine tumours, however their prevalence is probably underestimated – in some series 50% were diagnosed at autopsy. The clinical presentation varies among patients, that is why diagnosis might be delayed.

Case report

49-year old woman with hypertension was referred to the Endocrinology Department in Wrocław with suspected pheochromocytoma.

2002: operation of right carotid paraganglioma

2012: operation of left carotid paragangioma, complicated with stroke

- administration of anticoagulants
- bleeding from gastrointestinal tract
- CT of abdomen:

tumour in the right adrenal gland 6,5 x 5,5 x 4,3 cm

tumour in left ovary 14 x 18 x 7 cm

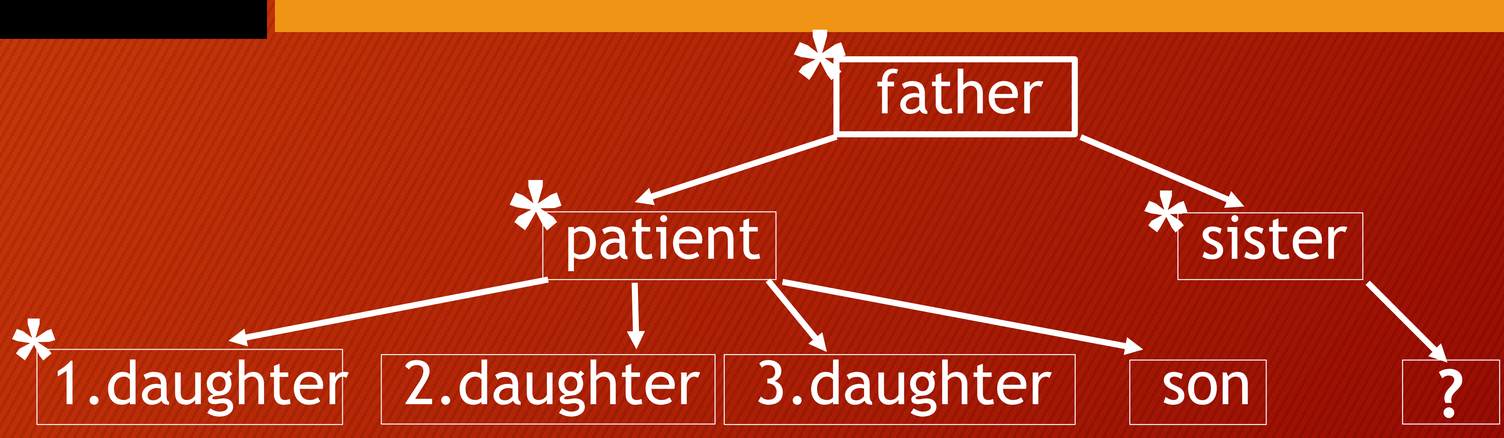
Clinical symptoms: uncontrolled hypertension with episodes of hypotension, weight loss (11 kg in 2 months), diabetes

Family history:
sister – caraotid paraganglioma
father – cardiovascular disease (†56yr)

Adrenaline in blood	**10,64** nmol/l [<0,69]
Noradrenaline in blood	**20,5** nmol/l [<3,55]
Adrenaline in urine	**1230** nmol/l [<110]
Noradrenaline in urine	**3423** nmol/l [<535]
Metoxycatecholamines in urine	**4503** ug/24h [<1000]

The patient was operated on January 2013 after administration of alfa- and beta-blokers.
Histopatological examination:
pheochromocytoma epinephri: IKi67 (+)<1%, synaptophysin (+), chromogranin A (+), S100 (+), CD56(-), Melan A (-), alfa 1 inhibin (-), CD34 (-), Calretinin (-)
teratoma maturum cysticum ovarii
After removing pheochromocytoma most of the clinical symptoms subsided.

Genetic screening mutation in SDHD gene positive (*)
Diagnosis: pheochromocytoma-paraganglioma syndrome



Conclusions

1. Occurrence of paraganglioma with hypertension suggest need of screening for pheochromocytoma-paraganglioma syndrome, especially in case of paragangliomas in family history.
2. Early treatment is crucial to avoid life-threatening cardiovascular complications.