Overview of Pheochromocytomas at Vilnius University Hospital Santariskiu Clinics (VUHSC): 5 year results

Milda Girdziute [1], Zydrune Visockiene [1 2].
1 Vilnius University
2 Vilnius University Hospital Santariskiu Klinikos

Introduction

According to various guidelines, all patients with adrenal masses must be checked for pheochromocytoma because up to 15% of patients with pheochromocytomas have no history of hypertension. The incidence of pheochromocytoma in clinical studies ranges from 1.5 to 14% and it is crucial to confirm the diagnosis before surgery because of life threatening complications.

Aim

To estimate the prevalence and describe diagnosis, treatment and follow up strategy of pheochromocytomas at VUHSC.

Methodology

Cases coded as D35.0; D44.1; E27.0; E27.5; E27.8; E27.9 according to ICD-10 classification were retrieved from database. Electronic data capture system was used to collect information.

Results

702 patients with adrenal masses → **50% screened for pheochromocytomas** → **24 (3.4%) pheochromocytomas**

Patient characteristics:

Males	5 (20.8%)
Females	19 (79.2%)
Age	55 11.5 years
Symptoms	21 (87.5%)
Incidentally found	15 (62.5%)

Tumour characteristics:

Size	48.0 23,4 mm
Attenuation value on noncontrast computed tomography	33.7 11.6 HV
Side:	
-Right	8 (33.3%)
-Left	15 (62.5%)
-Bilateral	1 (4.2%)

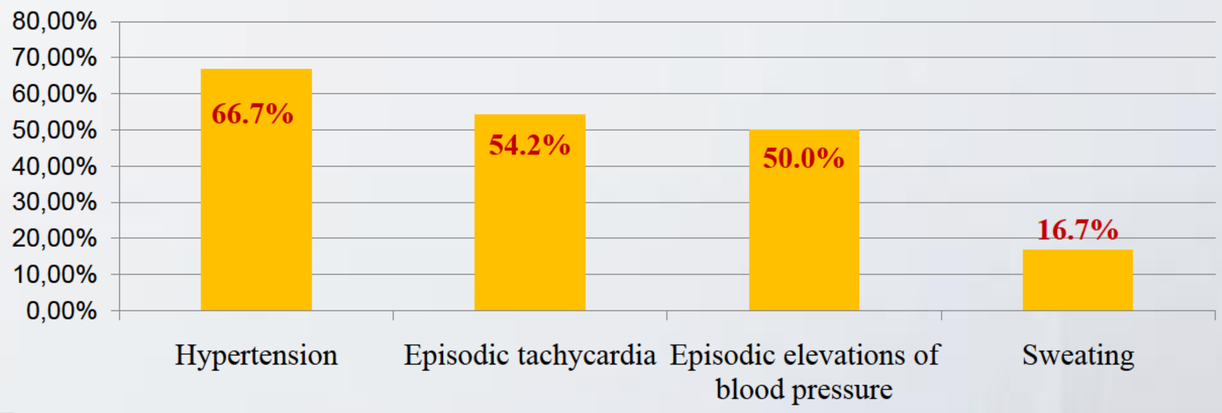
Hormonal evaluation:

Performed	20 (83.3%)
Isolated elevations of either adrenaline or metanephrine	4 (16.7%)
Isolated elevations of either noradrenaline or normetanephrine	3 (12.5%)

Genetic syndromes:

2 (8,3%) subjects:
-Von Hippel Lindau syndrome
- Type 1 neurofibromatosis

Symptoms of pheochromocytoma:



Scintigraphy with iodine-123-metaiodobenzylguanidine → Performed in 45.8% cases → **POSITIVE**

Treatment:

Adrenalectomy 21 (87.5%) → Histological examination → **Suspicion of malignant tumour** 9 (42.9%)

Chemotherapy 2 (8.3%) → **Recurrent disease** 2 (100%)

Conclusions

The incidence of pheochromocytoma in our hospital is 3,4% and meets the rates estimated by others. High prevalence of asymptomatic patients and suspicion of malignant tumors after histology urge for careful assessment of all adrenal masses for pheochromocytoma.

References:
1. Kapoor A, Morris T, Rebello R. Guidelines for the management of the incidentally discovered adrenal mass. Can Urol Assoc J 2011;5(4):241-7.
2. Terzolo M, Stigliano A, Chiodini I, Loli P, Furlani L, Arnaldi G, Reimondo G, Pia A, Toscano V, Zini M, Borretta G, Papini E, Garofalo P, Allolio B, Dupas B, Mantero F, Tabarin A. AME position statement on adrenal incidentaloma. Eur J Endocrinol. 2011 Jun;164(6):851-70.
3. Zeiger MA, Thompson GB, Duh QY, Hamrahian AH, Angelos P, Elaraj D, Fishman E, Kharlip J. AACE/AAES Adrenal Incidentaloma Guidelines, Endocr Pract. 2009;15.

17 ECE 10--EP
Adrenal
Milda Girdziute
DOI: 10.3252/pso.eu.17ece.2015
Poster presented at: ECE2015 16-20 May 2015 DUBLIN, IRELAND 17th EUROPEAN CONGRESS OF ENDOCRINOLOGY
PosterSessionOnline.com