Phaeochromocytoma:



The Mater Hospital experience over the past the past two decades



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BACKGROUND

Phaeochromocytoma is a rare neuroendocrine tumour. Incidence has been quoted at two to eight cases per million people. Over the past 18 years, there were 22 cases of surgically resected phaeochromocytoma in the Mater Hospital.

METHODS

This is a retrospective study reviewing all cases of surgically resected phaeochromocytoma in a large tertiary referral centre between 1996 and 2014. There was with particular focus on preoperative care.

RESULTS

There were 22 cases of surgically resected phaeochromocytoma. 13.6% (n=3) of patients had malignant phaeochromocytoma.

FIG. 1:PATIENT DEMOGRAPHIC			
Age at diagnosis:	27-65 yrs	Average 47yrs	
Gender:	Female	63.6% (n=14)	
	Male	36.4% (n=8)	
Diagnosis:	Symptomatic	81.8% (n=18)	
	Incidental	18.2% (n=4)	
Catecholamine	Hypertensive crisis	14% (n=3)	
induced	Hypertensive retinopathy	4.5% (n=1)	
complications at	Cardiomyopathy	4.5% (n=1)	
presentation	Psychiatric disturbance	4.5% (n=1)	
	Intra op -cardiac arrest	4.5% (n=1)	
Concurrent medical	Hypothyroidism	18% (n=4)	
conditions at	Type 2 Diabetes Mellitus	18% (n=4)	
diagnosis	Neurofibromatosis Type 1	9.0% (n=2)	
	Pregnancy 29/40 gestation	4.5% (n=1)	
	Stage IV Colorectal Cancer	4.5% (n=1)	
	Active cocaine use	4.5% (n=1)	
	Type 1 Diabetes Mellitus	4.5% (n=1)	

In terms of pre-operative optimization, medical treatment involves alpha blockade initially +/- beta blockade if tachycardic. It took 9.75 +/- 8.2 days on average to obtain adequate alpha blockade. The mean dose of phenoxybenzamine used was 91.1 +/-71.7mg.

	Admission	Pre-operative	Post-operative
BP (mm/hg)	152/92 +/- 34/18	122/71 +/- 19/12	108/63+/-15/10
HR (bpm)	87 +/- 14	74 +/- 16	75 +/-14

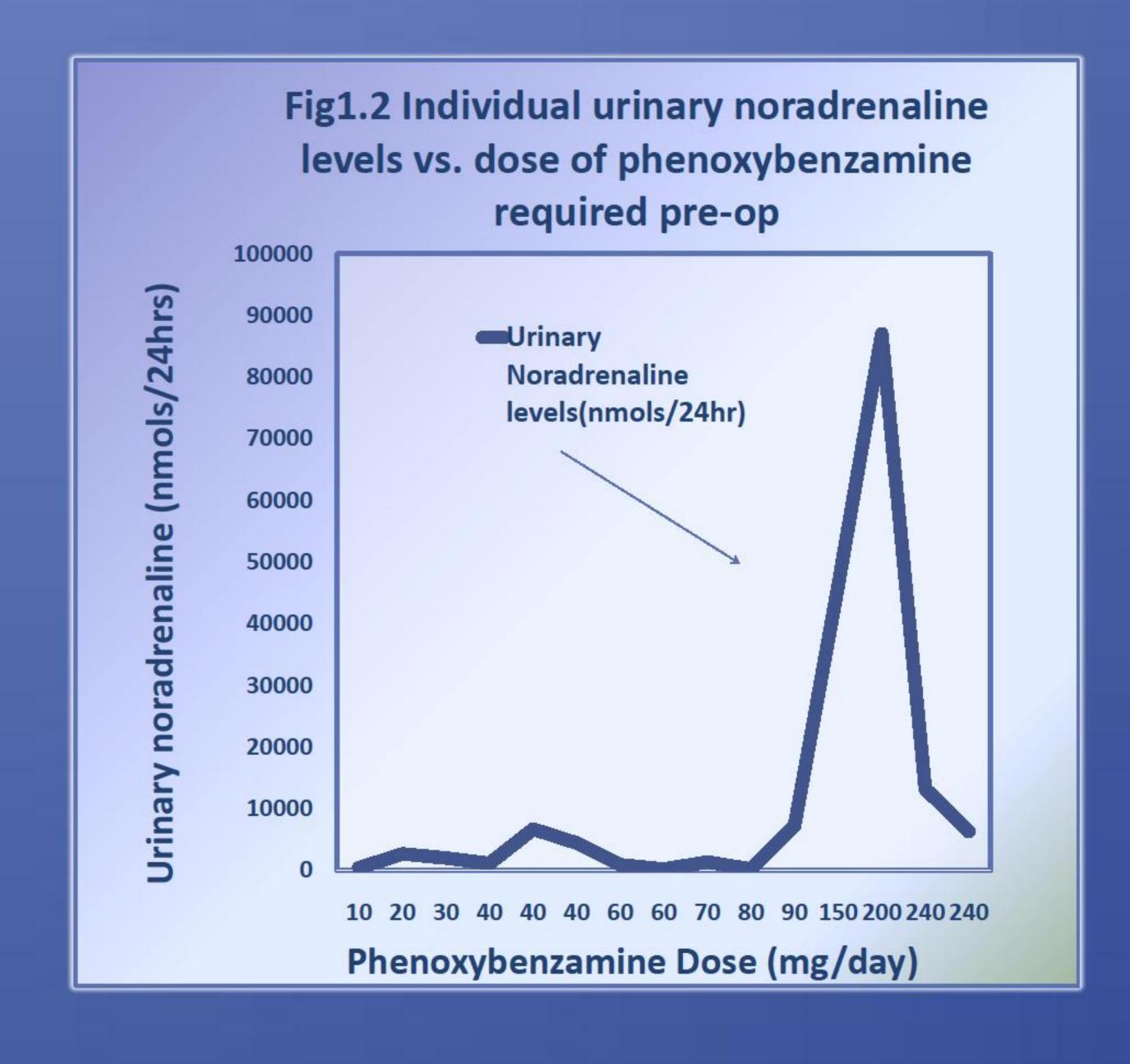


FIG.2: PERIOPERATIVE OUTCOME		
Surgical Approach	Laparotomy	
Unilateral Adrenalectomy	95.5% (n=21)	
Bilateral Adrenalectomy	4.5% (n=1)	
ICU/HDU Admission post-op	81.8% (n=18)	
Average ICU/HDU LOS (days)	3.8 (+/- 1 .6)	
Patients requiring inotropic support	50% (n=11)	
Inotropic support duration (days)	2.9 (+/- 1.1)	
Immediate operative complications:		
Cardiac arrest at induction	4.5%(n=1)	
Hypotension	50%(n=11)	
Hypertension	4.5%(n=1)	
Early post op complications:		
Lower respiratory tract infection	4.5%(n=1)	
Renal haemorrhage	4.5%(n=1)	
Late post op complications	Nil	
Mortality related to surgery	Nil	

CONCLUSION:

Over the past eighteen years, there has been twenty two successful surgical resections of phaeochromocytomas in the Mater Hospital. Each one presents a unique set of management challenges. Our report demonstrated that once diagnosed, intensive medical stabilization and specialised surgical expertise are required to prevent adverse outcomes perioperatively.







