Please do not operate on this patient – A case of 'Adrenaline running high'

Irfan Khan[1], Faisal Hasan[2], Kathryn Lonnen[1]
[1]Southmead Hospital, North Bristol NHS Trust, Bristol
[2]Musgrove Park Hospital, Taunton, UK

Introduction

- Phaeochromocytomas are rare catecholamine secreting tumours arising from the chromaffin cells in adrenal medulla
- Annual incidence 0.8 per 100,000 person years
- The classic clinical features are episodic headache, sweating & tachycardia (with/without hypertension)
- A small minority of cases are asymptomatic
- This case highlights the retrospective diagnosis of an 'asymptomatic phaeochromocytoma ' in a patient presenting with acute surgical emergency

Case Report

• A 49 year old lady with PMH of sickle cell trait year old lady was admitted under the care of surgeons with severe generalised abdominal pain and vomiting

• Labs – Raised inflammatory markers, microcytic anaemia and metabolic acidosis

•Managed conservatively with fluids and analgesics for a possible diagnosis of sickle cell crisis

• Patient became more unwell with acute drop in Hb from 91 to 64g/L and no evidence of sickling on the blood film

• Urgent CT showed large left retroperitoneal haemorrhage which was thought to arise from a 8cm adrenal mass

• Following stabilisation with blood transfusion, the surgical team were keen to carry out emergency surgery

• Because of the possibility of a 'Phaeo crisis' (if the adrenal mass happened to be a phaeochromocytoma), the Endocrinologist strongly advised to put surgery temporarily on hold

• The patient remained stable and was alpha blocked with Phenoxybenzamine, assessed for Catecholamine excess and was transferred to regional tertiary care centre

Case Discussion

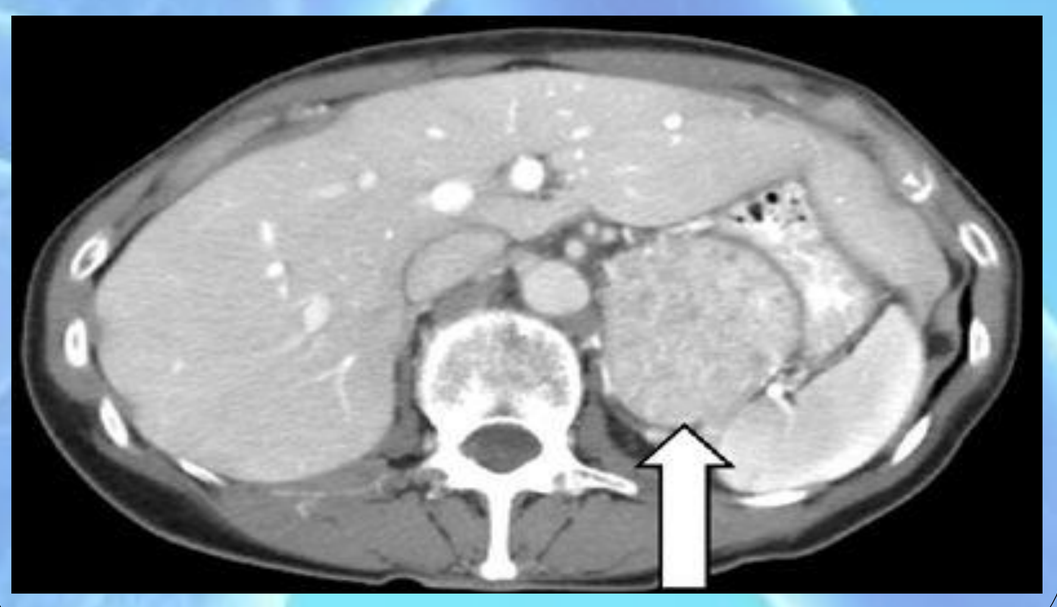
FURTHER INVESTIGATIONS

• U&E's (including K) – Normal

• Random Cortisol – 584nmol/L (180-450nmol/L)

• Plasma metanephrines - >25,000 (Normal <800)

•CT abdomen/Thorax



Case resolution

• The lady underwent semi-urgent adrenalectomy after appropriate alpha and beta-blockade. Histology showed a benign phaeochromocytoma (Ki 67 <2%). Genetic testing for various conditions associated with phaeochromocytoma were negative

Conclusion

This case highlights the importance of taking a step back in similar circumstances and thinking about possible phaeochromocytoma even in the absence of classical signs and symptoms

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