P26: Case history: Pheochromocytoma complicating pregnancy

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Introduction: Pheochromocytoma is a neuroendocrine tumor of the medulla of adrenal gland or extra adrenal tissue. Incidence is 0.05 - 0.2%.

Case history: A 33 years gravida 5 para 3transferred for further management of pheochromocytoma on her POA of 21+4. She had high fluctuating blood pressure, palpitation, sweating and dribbling (PPROM). USS found to have right sided suprarenal mass suggestive of pheochromocytoma. At TH Kandy she had high fluctuating blood pressure, urine albumin +++ and high blood sugar. She hadn't pre eclamptic symptoms. Full blood count, renal functions, ECG, liver function and 2D Echo were normal. USS 21 week growth live fetus, reduced liquor, right sided suprarenal mass (4.5 x 5cm) probably right pheochromocytoma. She managed with multidisciplinary team at HDU. Endocrinologist impression was pheochromocytoma, but needed to confirm by VMA/ CT/MRI or urinary metanephrine level. She was on phenoxybenzamin and beta blocker. Her blood sugar level was managed with soluble insulin. PPROM was managed with prophylactic antibiotics. She developed labour and after the opinion of endocrinology, anesthetic team emergency hysterotomy was done. Post operatively managed at ICU. Surgical team planned for laparoscopic removal of adrenal tumour. She transferred to TH Peradeniya for laparoscopic surgery. Following surgery her Blood pressure controlled without drugs and blood sugar controlled with gliclazide. She was planned to follow up in endocrinology clinic.

Discussion: Pheochromocytomas are catecholamine secreting tumour and usually benign. 30% of pheochromocytomas are associated with MEN-2, NF-1. Clinical manifestations are due to excessive catecholamine. Pheochromocytoma in pregnancy is very rare 1/54000 and life threatening condition to both. Clinical features are similar to non-pregnant patients. Diagnosis can be made with urinary or plasma catecholamine levels, VMA and CT or MRI. Management during pregnancy needs multidisciplinary approach. Literature said early diagnosis can do laparoscopic surgery to remove the tumour at 24 weeks of POA, if diagnosed later continue fetal monitoring and control BP, HR and do caesarian section and tumour removal at 37 weeks