

배뇨시 벼락두통과 협심증 소견을 보인 방광 갈색세포종 1예

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Thunderclap Headache Triggered by Micturition and Angina as an Initial Manifestation of Bladder Pheochromocytoma

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A 61-year-old woman was admitted with recurrent headaches after micturition and angina. She had experienced syncope episodes during micturition 15 years before admission and had undergone coronary angiography and ballooning for chest pain and a diagnosis of angina after 3 years. The findings on physical examinations such fundoscopy were unremarkable. Her blood pressure was 120/90 mmHg upon admission but became elevated to 230/110 mmHg after micurition. An electrocardiogram revealed a 2-mm elevation on leads V2-3 and T-wave inversion on V2-6. Coronary angiography did not reveal significant stenosis, but a 30% tubular eccentric narrowing feature was seen on the proximal left anterior descending artery, which implied minimal coronary artery disease. An echocardiogram showed that the ejection fraction of the left ventricle was 72% with intact wall motion. We suspected bladder pheochromocytoma on the basis of her history and symptoms, including headache related to micturition and angina. A contrast-enhanced computed tomography scan of her abdomen and pelvis revealed a 3×3.2 cm well-enhanced and solid mass at the left lateral bladder wall. The use of I-131 metaiodobenzylguanidine tumor single-photon emission computed tomography revealed increased uptake in the urinary bladder only at its left lateral wall. Bladder pheochromocytoma was diagnosed and surgery was recommended. After preoperative treatment with an α -blocker (doxazosin) for 2 weeks, the patient underwent a partial cystectomy under general anesthesia. Immunohistochemical analyses revealed that the tumor cells were positive for CD56, chromogranin, and synaptophysin. The patient no longer experienced thunderclap headaches triggered by micturition and angina. This case study suggests that thunderclap headaches and angina occurring concurrently with sudden blood pressure elevations during or immediately after micturition are important diagnostic clues of bladder pheochromocytoma.

Key Words: 갈색세포종, 벼락두통, 배뇨, 협심증

Pheochromocytoma, Thunderclap headache, Micturition, Angina



Fig. 1. Abdominal computed tomography scan showing an intraluminal polypoid mass approximately 3×3.2 cm with heterogeneous enhancement at the left lateral wall of the urinary bladder.

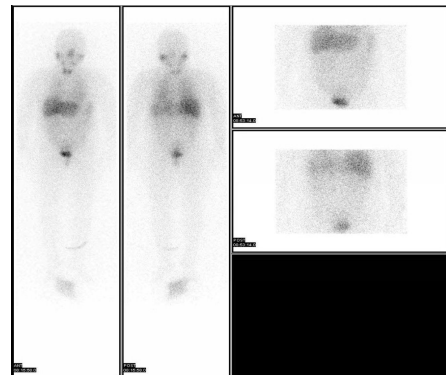


Fig. 2. A ¹³¹I metaiodobenzylguanidine scan showing partial uptake in the left side of the urinary bladder, a finding that is consistent with pheochromocytoma