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A case of pheochromcytoma in a patient with hemodialysis

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Background : Pheochromocytoma is a rare tumor characterized by excessive production of catecholamines, manifestating with hypertension. In hemodialysis (HD) patients, the diagnosis of pheochromocytoma is difficult because its symptoms are common in HD. we report here a case of pheochromocytoma in HD patients

Case: A 53 year-old man who had been on HD 3 times a week for the past 12 years was referred to local clinic. His systolic blood pressure level had been high above 200mm Hg, despite of antihypertensive drugs and adequate dialysis. Laboratory result which was done in local clinic showed epinephrine(E) 456.66pg/ml (n<120pg/ml), norepinephrine(NE) >10000pg/ml (n<410pg/ml). His plasma fractionated metanephrines which was done in our clinic were also high: Metanephrine 0.54mmol/L (n<0.5nmol/L), Normetanephrine 4.66mmol/L (n<0.9mmol/L). A right adrenal mass, approximately 3cm in diameter, was found on abdominal computed tomography. 131-I MIBG showed accumulation of radionuclide in the mass. On the basis of these findings, pheochromocytoma was diagnosed. In February 2017, He underwent a laparoscopic right adrenalectomy after pretreatment with alpha blocker. There was no complications associated with the surgery except marked fluctuation in BP up to a level of 286/96 mmHg. Postoperative recovery was uneventful.

Conclusion: Although hypertension which fluctuate during hemodialysis commonly observed in patients in HD, pheochromocytoma as a cause is rare. so it can be challenging to diagnose pheochromocytoma in HD patients. but Diagnosis is very important because it can be curable. Urine samples for diagnosis of pheochromocytoma are difficult to collect from HD patients because they tend to be anuric. plasma free metanephrines can be used for diagnosis in HD patients

Keywords : hemodialysis, hypertension, pheochromocytoma, adrenalectomy