

CLINICAL IMAGE

Pheochromocytoma crisis

Christoph Tschuor, Helen Sadri & Pierre-Alain Clavien

Department of Surgery and Transplantation, University Hospital Zurich, Raemistrasse 100, CH-8091, Zurich, Switzerland

Correspondence

Pierre-Alain Clavien, Department of Surgery, University Hospital Zurich, Raemistrasse 100, CH-8091 Zurich. Tel: +41 44 255 3300; Fax: +41 44 255 4999; E-mail: clavien@access.usz.ch

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Question

What is the correct patient's diagnosis, and which is the most appropriate treatment?

- (A) A pheochromocytoma, treatment by tumor removal
- (B) A pheochromocytoma crisis, treatment by emergent tumor removal
- (C) A pheochromocytoma crisis, treatment by emergent tumor removal if vigorous pharmacological therapy fails
- (D) A pheochromocytoma, treatment by vigorous pharmacological therapy

Correct answer: C

A 49-year-old woman presented with a 1-day history of nausea. ECG showed anterior ST-segment elevations (V1–V6) (Figure A) and the troponin test was positive. Echocardiography disclosed anterior hypokinesia of the left ventricle

Key Clinical Message

Adrenergic crisis induced by a pheochromocytoma leads to life-threatening catecholamine-induced hemodynamic disturbances. Successful treatment of a pheochromocytoma crisis demands prompt diagnosis, vigorous pharmacological therapy and emergent tumor removal, if the patient continues to deteriorate

Keywords

Critical care medicine, general surgery

with a left ventricular ejection fraction (LVEF) of 23%. The patient developed a cardiogenic shock accompanied by acute liver, kidney, and respiratory failures. Computed tomography showed an 8-cm right-sided adrenal mass with central necrosis (Figure B), which was removed *in toto* during emergency surgery (Figure C). Adrenergic crisis induced by a pheochromocytoma leads to life-threatening, catecholamine-induced hemodynamic disturbances. Successful treatment of a pheochromocytoma crisis demands prompt diagnosis, vigorous pharmacological therapy, and emergent tumor removal, if the patient continues to deteriorate.

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None.

Conflict of Interest

None declared.

