

CLINICAL IMAGE

Hypertension presenting early in pregnancy

Audrey Melvin & Brendan Kinsley

Mater Misericordiae University Hospital, Dublin, Ireland

Correspondence

Audrey Melvin, Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Ireland.

Tel: + 353 1 8034541; Fax: + 353 1 8034630; E-mail: melvinaudrey@yahoo.ie

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Question: Can you identify this rare cause of hypertension in early pregnancy?

Answer: Retroperitoneal paraganglioma.

A 34-year-old woman was referred for assessment at 16-week gestation with postural dizziness and hypertension. She reported a 4-year history of hypertension.

Key Clinical Message

Paraganglioma in pregnancy is an exceedingly rare and potentially life-threatening diagnosis. It is important that the clinicians consider secondary causes when women present with hypertension in early pregnancy.

Keywords

Catecholamines, hypertension, paraganglioma, pheochromocytoma, pregnancy.

Urinary catecholamine and metanephrine collections revealed elevated norepinephrine, metanephrine, and normetanephrine. Whole-body magnetic resonance imaging identified a retroperitoneal mass and a fetus at 27-week gestation (Fig. 1), supporting the diagnosis of a functional paraganglioma. Following alpha- and beta-receptor blockade, an elective caesarian section at 36 weeks delivered a

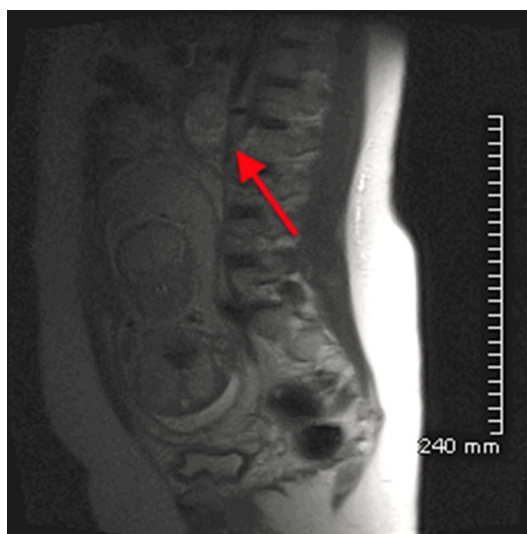


Figure 1. Magnetic resonance image.

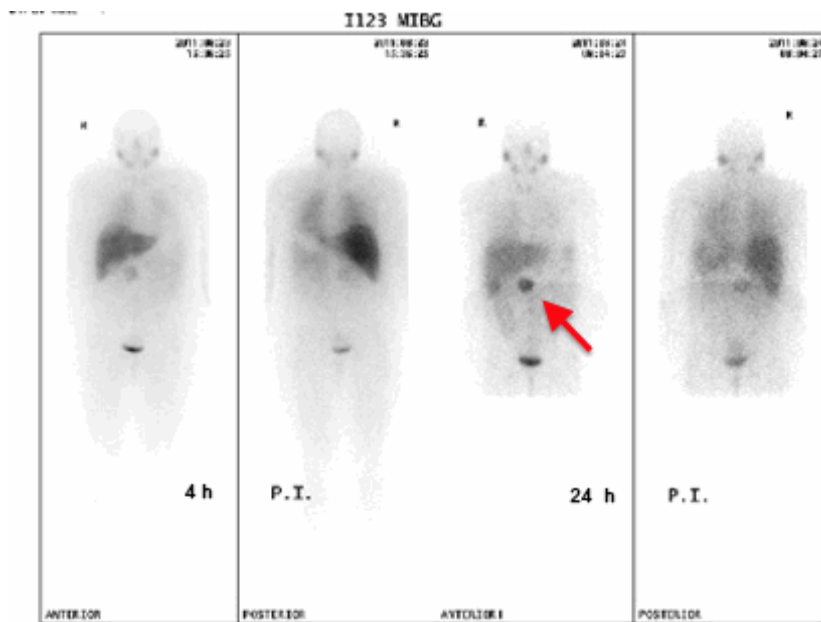


Figure 2. Metaiodobenzylguanidine scan.

healthy female [1]. Postpartum metaiodobenzylguanidine (MIBG) scanning identified a solitary retroperitoneal lesion (Fig. 2), which was subsequently excised via open resection. Postoperative catecholamine and metanephrine collections normalized. Screening for associated genetic mutations was negative [2].

Conflicts of Interest

None declared.

References

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