A RARE CAUSE OF HYPERTENSION: PSEUDOPHEOCHROMOCYTOMA

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Although pheochromocytoma is commonly considered in the differential diagnosis paroxysmal hypertension, only a small percentage of patients are actually diagnosed with this disorder. After exclusion of pheochromocytoma, panic attack and pseudopheochromocytoma should be considered in the differential diagnosis in patients with these symptoms. Here we report a rare case of pseudopheochromocytoma presented with severe symptomatic hypertension attacks.

Case:

A 16-year-old boy was referred due to attacks of hypertension associated with palpitation with a suspected diagnosis of pheochromocytoma. He had symptoms of sudden-onset headache, palpitation, chest pain and dyspnea attacks which could occur even at rest for the past six months. Occasionally, these symptoms associated with severe hypertension (>99 p+5 mmHg) and flushing. Medical history revealed antidepressant and antipsychotic drug usage for his symptoms. On physical examination; his height was 182 cm (>97 p), weight 113 kg (>97 p), body mass index 34 k/m^2 (>97 p) blood pressure 110/80 mmHg. He had acanthosis nigricans on axillary and cervical regions. Renal, cardiac, cerebral and endocrinological causes of hypertension including hyperthyroidism, hyperaldosteronism and cushing syndrome were excluded. There were no findings of end-organ damage. On 24-hour monitoring, mean and maximum blood pressure measurements were 137/86 mmHg (95-97 p) and 153/92 mmHg (>99 p+5 mmHg) respectively. Despite enalapril treatment, he had hypertensive attacks. Plasma and 24-hour-urinary catecholamine levels and metanephrine levels were within normal levels. MIBG scanning was also normal. After exclusion of pheochromocytoma, pseudopheochromocytoma was considered in this patient.

Conclusion: In the differential diagnosis of paroxysmal hypertension, pheochromocytoma should be considered first and investigated thoroughly. However, pseudopheochromocytoma should be kept in mind in patients clinically suggesting pheochromocytoma but with no laboratory findings.

ESPE 2015
620--P3
Adrenal
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DOI: 10.3252/pso.eu.54espe.2015
Poster presented at: 54th Annual Meeting 1-3 October ESPE 2015 BARCELONA European Society for Paediatric Endocrinology