

A white raven detected by imaging

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Abstract The purpose of this case report is to describe a rare case of a patient with a pheochromocytoma with several cardiovascular complications, which can be attributed to the tumour. Detection of a pheochromocytoma sometimes needs a ‘Sherlock Holmes spirit’ or simply time.

Keywords Pheochromocytoma · Incidentaloma · MIBG scan · Hypertension · CT scan · Imaging

A 59-year-old man was admitted with a cerebral infarction. He showed atrial fibrillation, signs of heart failure and severe hypertension. The electrocardiogram showed atrial flutter with a fast ventricular rate. His echocardiogram showed a poor contracting left ventricle. During the follow-up, his blood pressure and cardiac function normalised and the rhythm returned to sinus rhythm. The coronary angiogram appeared normal. In 2013, an abdominal echo and



Fig. 1 Abdominal computed tomographic scan showing a huge mass (arrow) starting from the right kidney

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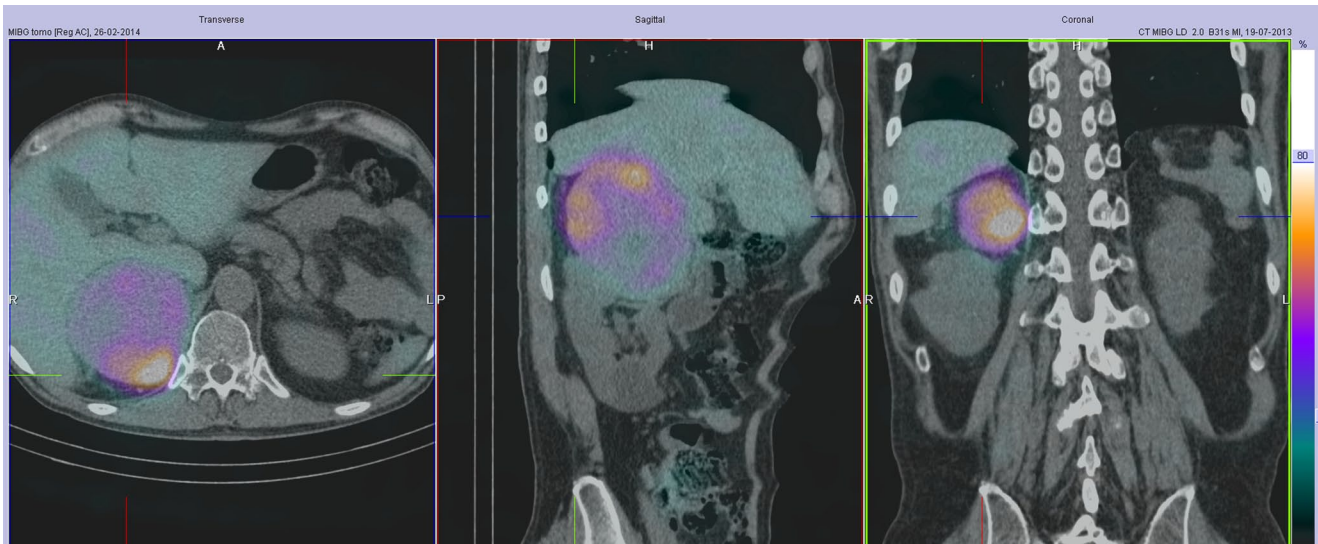


Fig. 2 MIB SPECT scan of the thorax showing a large mass in the right upper abdomen

computed tomography (CT) scan were performed because of abdominal complaints. This revealed a mass close to the right kidney (Fig. 1). The I-123 MIBG SPECT (Also known as Iodine 113-**metaiodobenzylguanidine** SPECT) scan showed pathological stacking of I-123 (Fig. 2). The diagnosis pheochromocytoma was made. The tumour was surgically removed. Pathological examination revealed a benign pheochromocytoma. DNA testing in the Clinical Genetics Department excluded hereditary causes. Pheochromocytomas are frequently discovered by chance during a radiological examination [1]. Next to CT and magnetic resonance imaging, molecular imaging should be considered for analysis [2, 3].

Permission

The patient, whose disease is described, has given oral informed consent to publish the case report.

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Conflict of interest None declared.

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