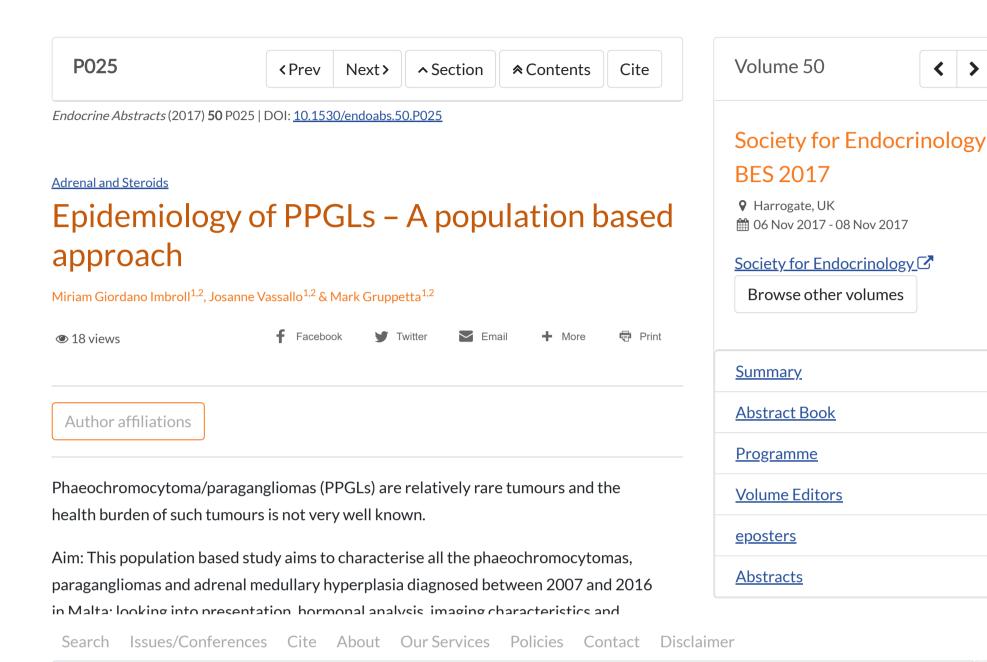
Searchable abstracts of presentations at key conferences in endocrinology

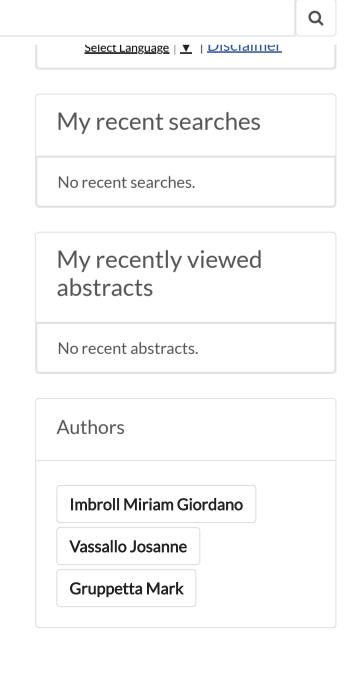






Search for abstract title, authors etc. 21-62 years (mean 50±14). The standardised incidence rate is 4.3/1,000,000/year. From the whole cohort 11 (69%) had phaeochromocytomas confirmed histologically, 3 (19%) had paraganglioma, and another 2 patients (12%) had adrenal medullary hyperplasia (adrenal medullary cell mass hyperplasia < 1 cm, thought to be a precursor of phaeochromocytoma). 9 patients (56%) presented with hypertension, whereas 6 patients (38%) were found following investigation of an adrenal incidentaloma. All patients except 1 had either plasma free metanephrines or urinary fractionated metanephrines checked prior to surgery. In the phaeochromocytoma and adrenal medullary hyperplasia patients, CT was documented to be suggestive of phaeochromocytoma or an adrenal lesion not in keeping with an adenoma in 11 out of 13 patients (85%). Longest radiological tumour size ranged from 20–127 mm (mean 52±28.9) All patients except 2 underwent surgical resection of the tumours. The latter 2 patients presented late with metastasis and died soon after diagnosis. Genetic testing was done in 6 patients (38%) and a VHL mutation was identified in one patient with phaeochromocytoma. 6 patients (38%) were found to have a malignant phaeochromocytoma on follow up.

Conclusion: This review highlights the extensive workup needed for patients with PPGL. Presentation can range from asymptomatic to life threatening clinical conditions. The high risk of malignancy found in our cohort emphasizes the need for long term follow up.



Endocrine Abstracts

ISSN 1470-3947 (print) | ISSN 1479-6848 (online)

© Bioscientifica 2022 | Privacy policy | Cookie settings

BiosciAbstracts

Bioscientifica Abstracts is the gateway to a series of products that provide a permanent, citable record of abstracts for biomedical and life science conferences.

Find out more