FROM PALPitations TO CARDIOvascULAR COLLAPSE: THE STORY OF A PHEOCHROMOCYToma

Poster Contributions
Poster Hall B1
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Background: While pheochromocytoma most commonly presents with paroxysmal hypertension, headache, palpitations and diaphoresis, it can also present in a fulminant form with cardiovascular collapse and persistent fever.

Case: A 59-year-old woman presented with severe chest pain after 1 month of intermittent palpitations and headache. During evaluation, she developed cardiac arrest requiring 10 minutes of cardio-pulmonary resuscitation. She was intubated and started on inotropic support. Echocardiogram showed severe left-ventricular hypokinesis, troponin was >100 ng/dL, and coronary angiogram revealed normal coronary arteries. She was persistently febrile to up to 41º C despite broad-spectrum antimicrobials and antipyretics. Her cardiac output remained low even with maximum inotropic support; therefore a percutaneous left ventricular assist device was placed for temporary circulatory support.

Decision Making: This patient presented with non-ischemic cardiogenic shock and high-grade fever after 1 month of intermittent palpitations and headache. Her prodrome was consistent with modest, paroxysmal release of catecholamines from a pheochromocytoma. Development of cardiovascular collapse with refractory high-grade fever suggested massive catecholamine release from hemorrhage into the tumor. Therefore, we obtained an abdominal computed tomography scan, which found a 4 cm left adrenal mass. A metaiodobenzylguanidine scintigraphy scan revealed high-intensity uptake in the mass. After several days of supportive care, including careful initiation of alpha-blockade before beta-blockade, she underwent left adrenalectomy. Pheochromocytoma was confirmed on pathology. She ultimately made a full recovery with complete recovery of cardiac function.

Conclusion: This case demonstrates the importance of considering pheochromocytoma in the differential diagnosis of non-ischemic cardiovascular collapse, particularly in the setting of high-grade, refractory fever.