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Disorders of the Adrenal Gland:

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Title; A near fatal hypertensive crisis under anaesthetic exposes the missed diagnoses

A 28 year old Man was transferred from the tertiary Centre to RGH after a hypertensive crisis under anaesthetic. He had a history of Asthma, recurrent Pneumothoraces and Hypertension(4 yrs).

He was under anaesthetic for a VATS procedure which was abandoned due to an adrenergic crisis. Heart rate rose to 120/min, BP120/70 → 300/220 and ECG demonstrated generalised ST elevation. Urgent echo confirmed global LV dysfunction however coronary angiography was satisfactory. In HDU thereafter his ECG returned to normal and repeat echo suggested normal cardiac function. He was thus transferred to RGH for further investigation.

This man described himself as perfectly well though when probed admitted to being a hyperactive personality. He had always experienced hyperhidrosis and heat intolerance which had never concerned him. His mother died of MI at 50 yrs of age, otherwise no significant family history.. Examination demonstrated a slender young man with multiple café-au-lait spots and axillary freckling.

24<sup>h</sup> Catecholamines returned diagnostic of Pheochromocytoma and CT Scan confirmed an adrenal mass. Appropriate medical therapy was commenced before referring on for surgical treatment. He has been referred to the Medical genetics department for the purpose of gene testing for Neurofibromatosis and MEN2a.

Issues raised by this case will be discussed. These include the importance of screening young hypertensives for secondary causes. The association between Neurofibromatosis type1 and Pheochromocytoma. Finally the importance of maintaining a sensitive and delicate approach to gene testing.