

# PHAECHROMOCYTOMA COMPLICATING PREGNANCY

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## Introduction

Phaeochromocytomas which develop and become activated during pregnancy are extremely dangerous both for mother and child, unless suspected, diagnosed and promptly treated. Sudden, unexplained death in an obstetric patient who had phaeochromocytoma, which was revealed only at autopsy, is presented.

## CASE REPORT

A 38 year old, gravida 4 with 3 abortions, was referred to Kasturba Medical College Hospital. She had 6 months' amenorrhoea, pain in abdomen, breathlessness and vomiting for 2 days. The patient was being treated by her local doctor, for the past 16 years for chronic abdominal pain, which was thought to be due to chronic gastritis. On admission, the patient was dyspnoeic and peripheral cyanosis was present. Peripheries were cold. Pulse was 160/minute and blood pressure was 100/60 mmHg. Crepitations

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and rhonchi were heard all over the lung fields on both sides. The uterus was 24 weeks size, the abdomen was not rigid. Injection Lasix 40 mg was given to relieve the pulmonary oedema. Suddenly, the patient collapsed and died.

At autopsy, a globular mass 9 cms. in diameter, weighing 80 gms. was seen situated just above the upper pole of the right kidney and closely apposed to the lower border of the liver. The mass was well encapsulated and had not involved either the kidney or the liver. The left adrenal showed a small nodule 1 cm. in diameter. The liver showed a well circumscribed nodule on the surface. Lungs showed pulmonary oedema and 5 round white nodules. Multiple hard lymph nodes were present in the neck. All other organs were grossly normal.

Microscopically, sections of the globular mass showed a tumour composed of cells of varying sizes, arranged in alveolar pattern, supported by endothelial lined vascular spaces. Areas of necrosis, haemorrhage and fibrosis were also seen. Capsular invasion was present. The tumour tissue fixed in dichromate solution showed granular brown pigment in the tumour cells. The histology was suggestive of phaeochromocytoma. Sections from the nodule on the left adrenal showed similar features. The liver, lungs and lymph nodes showed metastatic deposits.

*See Fig. on Art Paper V*