

POST OPERATIVE CASE OF PHAEOCHROMOCYTOMA WITH PREGNANCY

(A Case Report)

by

N. AGARWAL

G. CHADDA

and

K. BUCKSHEE

Introduction

Phaeochromocytoma in Pregnancy has been found to be associated with high maternal as well as fetal mortality. However, the early diagnosis and proper management of phaeochromocytoma has reduced the maternal mortality remarkably, but fetal mortality is still high. Fetal outcome in post operative cases of phaeochromocytoma is still not known.

Case Report

Mrs. A.S., a 28 years old woman, P3+1, a post operative case of phaeochromocytoma of right adrenal gland, was admitted at 22 weeks of gestation for hypertension. The hypertension was detected during her antenatal check up, a day prior to her admission.

She was a 5th gravida with no living issue. In her first and second pregnancies she had hypertension and ended in still birth. Blood pressure could not be controlled in her third pregnancy and termination of pregnancy was done. With the help of urinary catecholamines, angiographic studies and total body scan, the phaeochromocytoma of right adrenal medulla

was diagnosed and was operated upon in November, 1981. Following the operation, she became normotensive. However, her fourth pregnancy following surgery for phaeochromocytoma also culminated in a macerated still birth at 7 months gestation. In spite of her catecholamine being normal she manifested hypertension from 20 weeks onwards.

During her present 5th pregnancy hypertension was detected, at 22 weeks. On admission her blood pressure was 140/110 mm. Hg., Besides that, her general physical examination revealed multiple neurofibromatosis all over the body, puffed up face and café 'Au' laif spots of abdomen and thigh. She did not have any pedal oedema. Repeated estimations of urinary catecholamine were found to be normal. Although her blood pressure profile was very fluctuant showing sudden acceleration at certain occasions, but her urinary catecholamine at those occasions was not raised.

Intrauterine growth retardation was noticed from 28th weeks onwards. She was intensively monitored for her blood pressure and for foetal well being till 34+6 days when amniocentesis revealed adequate lung maturity with the help of shake test. Lower segment caesarean section was then performed. She had a female child with Apgar 9/10 and weight 1.3 kg. The baby was kept on tube feeds for one week and took 10 days to maintain her body temperature. Baby and the mother were discharged 25 days after LSCS in good health and baby's weight was 1.8 kg at the time of discharge.

From: Department of Obstetrics & Gynaecology, All India Institute of Medical Sciences, New Delhi.

Accepted for publication on 10-10-84.