Pregnancy in an Operated Case of Pheochromocytoma "The Ten Percent Tumour"

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Pheochromocytoma is a relatively rare tumour more so when associated with pregnancy. Here we are presenting a case of pregnancy in a case of operated pheochromocytoma.

Mrs. K.G. a 25 year old nullipara presented in the Medicine outpatient department of Lokmanya Tilak Municipal General Hospital on 31.8.1996 with history of headache, giddiness and pain in the abdomen off and on since the past 2 months.

She had no h/o palpitation, breathlessness, hypertension or heart disease.

No h/o bowel, bladder complaints or altered appetite. No h/o menstrual irregularities. On general examination there was mild pallor, pulse 90/min, regular, good volume and B.P. was 160/106 mmHg. There was no thyroid enlargement. Examination of the respiratory system, central nervous system were within normal limits. No abdominal mass palpable.

On clinical suspicion the patient underwent a 131 Metaiodobenzyl guanidine uptake which clearly showed an actively functional pheochromocytoma of the right adrenal gland. Her baseline haematological investigations were normal. Urinary vinyl mandelic acid (VMA) was elevated and so were metanephrine levels. Her blood pressure was stabilized with phenoxybenzamine and propranolol. The patient underwent an exploratory laprotomy by a midline vertical infraumbilical incision with complete excision of the tumour. Intraoperatively six units of blood were transfused. Histopath report confirm the diagnosis of an extra adrenal pheochromocytoma.

A year later patient got married and subsequently conceived. She was immediately referred to us for antenatal registration. Pulse, B.P., blood investigations, BUN, serum creatinine and VMA levels were within normal limits. Patient was warned about symptoms of headache, fainting and giddiness and asked to report if any of these occurred. Routine antenatal advice was given. Patient followed-up regularly and remained asymptomatic all throughout pregnancy. The baby grew well. At 40 weeks gestation patient went into spontaneous labour on 1.5.1999. She progressed uneventfully and delivered a healthy 3.05 kg female child. There were no 3rd stage complications. The post-natal period was normal and she was advised breastfeeding. Patient was discharged on day 4 and adviced to come for a follow up 2 weeks later. She agreed for an IUCD insertion at 6 weeks. Pheochromocytoma is a catecholamine secreting chromaffin tumour. It is termed as the 10% tumour since it is bilateral, extraadrenal and malignant in 10% of cases. It carries a considerable risk of maternal mortality of 50-60% if the tumour was not diagnosed antepartum. Our task was challenging in the event of a pregnancy closely following a major exploratory laprotomy for a symptomatic extraadrenal tumour. The patient was vigilantly monitored in liason with the Urology and Medicine team. Fortunately she remained asymptomatic all through pregnancy and delivery. This case is presented for its rarity.