中文題目：嗜鉻細胞瘤誘發心衰竭六年臨床病程

英文題目：Six years clinical course of pheochromocytoma with initial presentation as cardiogenic shock mimicking postpartum cardiomyopathy

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A 27-year-old female who just had delivery one month ago was referred to our Emergency Department from a local hospital where she had been intubated for hypoxic respiratory failure caused by acute pulmonary edema. Although there was preeclampsia during her pregnancy, her first offspring, a son was an almost full-term normal newborn. Echocardiography at admission showed global hypokinesia with severe left ventricular dysfunction. However, the blood pressure was high. The concentration of vanillylmandelic acid in urine was elevated. Her CT scan that had been performed during the hospitalization in June 2012 and initially negatively reported for adrenal tumors was review. A hyper-vascularized and early-enhanced right adrenal tumor adjacent to the inferior vena cava was revealed. One month later, the lady recovered from cardiogenic shock and weaned from intra-aortic balloon pump (IABP) support, and there was no significant sequalae. After discharge, she had been followed-up at the out-patient department with multiple oral anti-hypertensive agents. Her blood pressure had been stably controlled until 2017, when she started to experience more and more frequent sudden rise of blood pressure associated with sweating and headache. The abdominal CT scan was performed again in December 2017 and it showed a huge retroperitoneal mass. The tumor was completely excised in January 2018 and the pathology proved the diagnosis of pheochromocytoma. The left ventricular ejection fraction had improved from 24% to 44%, at 6 months after the complete surgical excision of the pheochromocytoma.

Conclusion: Pregnancy and the prescription of metoclopramide are suggested as the precipitating factors for acute progression of her pheochromocytoma that was initially presented with cardiogenic shock.

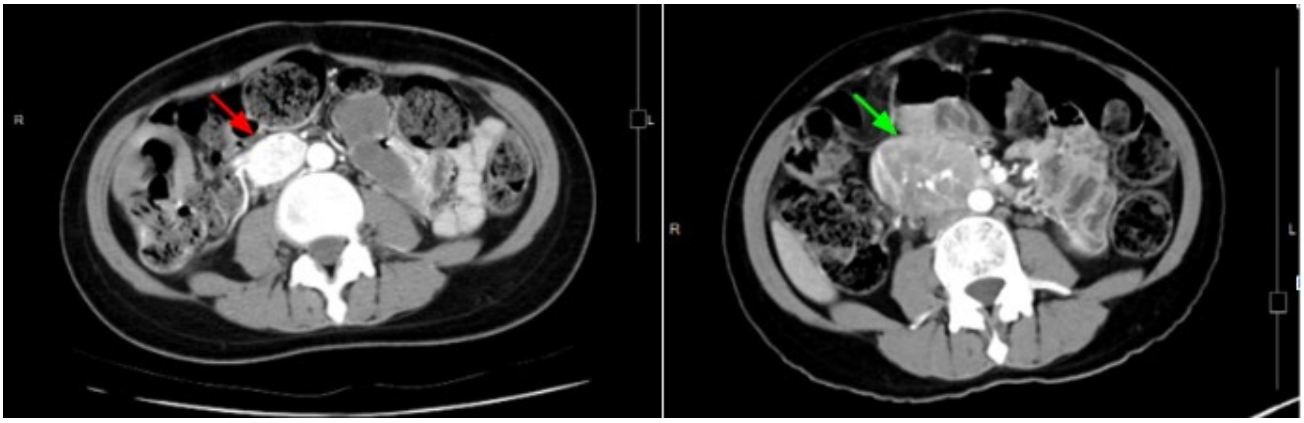

Figure 1. Abdomen CT shows the hypervascular soft tissue lesion in the aortocaval space in 2012 (red arrow, Left) that has enlarged to the huge retroperitoneal mass in 2016 (green arrow, Right) and later diagnosed as pheochromocytoma by surgical excision.