

<b>9</b>	
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<b>Title</b>	THE ADRENALINE TUMOUR PRESENTING AS CARDIOMYOPATHY
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<b>Category</b>	Adrenal
<b>Abstract</b>	<p>Catecholamine induced cardiomyopathy is unusual in pheochromocytoma. And presentation as cardiomyopathy is rare.</p> <p>A 43 year old female was referred with complaints of shortness of breath, orthopnea, palpitation, compressive retrosternal chest pain for the past 2 months, swelling of both legs for the past 20 days, loss of weight, loss of appetite and absence of headache. Patients past history was notable for a hospital admission outside 5 years back for heart failure symptoms, normotensive, and echo showing severe LV dysfunction, global hypokinesia of LV treated with anti failure measures, improved and was not evaluated. Patient was diagnosed as hypertensive 1 year back and started on amlodipine. Examination revealed poorly nourished patient with pallor, bilateral pitting pedal oedema, BP of 160/110 mmHg and elevated JVP. Systemic examination revealed decreased air entry bilaterally in the infra axillary region. Anti failure and antihypertensive medications were given and evaluated further. ECG showed sinus tachycardia, poor progression of R waves and moderate LV dysfunction in echocardiography. Patients BP was labile ranging between 90 and 180 mmHg. USG abdomen revealed bilateral pleural effusion. Plasma free metanephrines and 24 hour urinary metanephrines were normal. CECT abdomen revealed Left supra renal mass with internal vascularity. So 24 hour urinary normetanephrines was done which were elevated several hundred times. Patient was operated by endocrine surgeons after adequate sequential alpha and beta blockade. Open left adrenalectomy was done and mass resected. Histology of the mass confirmed Pheochromocytoma. Following surgery patients symptoms improved and the Echo showed normal LV function during follow up.</p> <p>We report this case because of the diagnostic challenge involved due to unusual presentation and normal values of highly sensitive tests and the reversal of myocardial dysfunction during follow up. In view of the reversibility of this condition early diagnosis and intervention is essential.</p>
<b>Conflicts</b>	None
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<b>Decision of Scientific committee</b>	
<b>State if accepted for oral</b>	