TITLE: AN ATYPICAL SILENT HYPERTENSIVE CRISIS IN A CHILD

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BIOGRAPHY

Sunkari Venkata Sai Yashwant has completed his Under Graduate from Gandhi Medical College, India. He is currently pursuing his Post Graduate in Paediatrics from Osmania University (Niloufer Hospital), India. He is a dedicated and compassionate medical professional who provides excellent medical services and patient care. He is committed to continuous learning and staying abreast of the latest medical advancements. He has published a case report as a co-author at a reputed South Asian Journal.

ABSTRACT

A 9 year old boy with Unilateral Pheochromocytoma who was presented with abdominal pain, vomiting and hypertension. After careful preparation and preoperative optimisation, surgical excision was done.

BACKGROUND

Pheochromocytoma and Paragangliomas are neuroendocrine tumours arising from the chromaffin cells. The incidence of Paediatric Pheochromocytoma is 1 in 1,00,000. Most frequently associated syndromes with pheochromocytoma are VHL (Von Hippel Lindau), MEN (Multiple Endocrine Neoplasia) 2A, 2B and neurofibromatosis (NF) Type 1 .

CASE REPORT

The child, second in birth order born out of non consanguineous marriage presented with chief complaints of Pain abdomen since 1 week and 3 episodes of vomitings prior to admission. History of urticaria like raised lesions which developed 6 months ago. The child presented with sustained Hypertension with recordings between 180/100 to 130/80 mm of Hg.

INVESTIGATIONS

USG Abdomen - Features suggestive of Acute Cholecystitis.
Urinary VMA (Vanillyl mandelic acid) was positive.
CECT Abdomen - revealed 2 well circumscribed heterogeneously enhanced soft tissue density , oval mass lesions measuring 47*40 mm and 26*23 mm with areas of necrosis seen within Right supra renal Region.
Parathormone – Normal
Plasma metanephrines - 232.7 pg/ml
USG Neck – Normal
Carotid Artery Doppler – Normal
2D Echo – Normal
Fundus - Initially Grade 4 Papilledema, reduced to Grade 2 Papilledema
PET CT - Metabolically active Soft Tissue Density Lesion in the Right Suprarenal Region. No other lesions noted.
Biopsy - Suggestive of Pheochromocytoma (PASS SCORE = 10)
Genetic analysis - VHL gene positive mutation

TREATMENT GIVEN

Anti hypertensives like Prazosin and Phenoxybenzamine, Nifidipine were used.After careful preparation and preoperative optimisation, surgical excision was done. Post surgery the child is normotensive and doing well.

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