

# CASE REPORT

**ESIM 2009**

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# History

- 55 years old female
- Hypothyroidism
- Arterial hypertension, telmisartan
- HRT for menopausal syndrome
- 40 years of smoking, just finished

# Symptoms

- Nausea, fatigue
- Diarrhea, abdominal pain
- Arrhythmias, chest pain
- Slight fever
- High blood pressure

## At first...

- Hemodynamics and oximetry were normal
- ECG: slight ST-depression in V4-6
- Thorax X-ray normal
- Lab: TnI 0.64 ( $< 0.06$ ), CRP 88
  
- DG: ACS
  - LMWH, ASA and klopidoogrel
  - To cardiac CCU

# Then...

- Tachycardia, respiratory insufficiency
  - SaO<sub>2</sub> 70%, BR 45/min, HR 150/min
  - Astrup analysis: hypoxia, hypocapnia and asidosis
- Fluctuation of consciousness
- Intubation
- After sedation developed a need for vasoconstrictors and inotropics

# ICU

- No, it wasn't pulmonary embolism
- But severe pulmonary oedema
- CI only 1.9, with levosimendan to 3.7
- TnI 9, CRP 143, ALT 1000 (< 60)
- ECHO: LVEF 32%

## Few days later in cardiac CCU

- VT which was treated with amiodarone
- ECG: significant ST-elevation V1-4
- Thrombolysis with good response to ECG
- Again pulmonary oedema
- No, it wasn't coronary artery disease
  - DG: Sepsis with myocardial dysfunction
- Patient got better and went to ordinary ward

## In the next days...

- Multiple attacks of
  - Hypoxemia, tachycardia, high bloodpressure and pulmonary edema
- All recovered with i.v. nitroglycerin, B-blockers, non-invasive ventilation and anxiolytic drugs

## And the diagnosis is...

- Catecholamines in urine were abnormally high
  - dU-metanephrine 40 (< 1.7)
  - dU-normetanephrine 19.4 (< 4)
- MRI showed a tumor in the left adrenal gland  
Ø 5 cm
- MIBG +
- PHEOCHROMOCYTOMA

