

Paraganglioma arising from bladder. A rare cause of secondary hypertension in pregnancy

•AUTHORS:

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•INTRODUCTION:

Paraganglioma arising from bladder in pregnancy is extremely rare. It is catecholamine producing tumor carries high risk of fetal and maternal morbidity during pregnancy.

•Case Report:

23 years old primi with 8 weeks gestation presented with lower abdominal pain, headache, palpitations and micturition syncopal attacks. Her blood pressure was 170/120 mm hg. USG Abdomen and MRI PELVIS showed (as shown below in Fig-1& 2) 60x43mm paraganglioma arising from bladder.

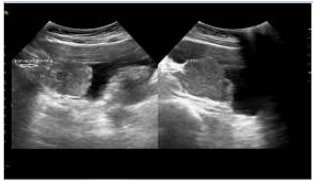


Figure – 1

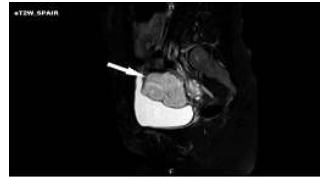


Figure – 2



Figure – 3



Figure – 4

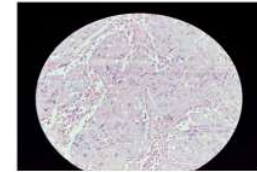


Figure - 5

24hours urine for epinephrine 12.99 microgram/day (N up to 20mcg) , norepinephrine 646.5mcg/day (N 90 mcg). Cystoscopy (As shown above in Fig-3) showed 5x5cm mucosal bulge noted in right posterolateral wall.

She was treated with intravenous fluids at 75ml/hr and plenty of oral fluids with salt, Tab. Prazosin (alpha blocker) 2.5mg oral twice daily and Tab Metxl 25 mg once daily was started. patient was taken for surgery after fulfillment of ROIZENS Criteria.

She was operated at 16 weeks major part of mass with capsule was excised through laparoscopy rest of mass was removed via laparotomy (As shown above in Fig-4).

Microscopy appearance of mass showed tumor cells arranged in nests and trabecular (zellballen) pattern with prominent vascular network (As shown above in Fig-5). Features consistent with paraganglioma

She developed superimposed severe pre eclampsia and IUGR at 36 weeks . Delivered a single live female baby of birth weight 1.5kg through LSCS. Patient was discharged in stable condition with Tab. Labetolol 100mg thrice daily for 3 months. Baby and mother are doing well now.

•DISCUSSION:

High index of suspicion is the key to diagnosis.

Advances in obstetric care and multidisciplinary approach have led to better outcomes for both mother and fetus.

Women diagnosed with pheochromocytoma or paraganglioma need not be terminated . Laparoscopic approach or even robotic approach to surgical resection in second trimester gives excellent results.