CLINICAL PATHOLOGICAL CONFERENCE

September 3, 2011

姓名:	陳 × 生	主講人:	腎臟系	顏宗海 醫師
性別:	男	講評人:	影像診療部	陳煥武醫師
年齡:	60		泌尿系	莊正鏗醫師
			腫瘤科	林永昌醫師
職業:	商		病理系	薛綏 醫師
身高:	159 cm		核子醫學科	何恭之醫師
體重:	57.5 kg	主持人:	病理系	孫建峰醫師
BMI:	22.7			

Chief complaint: A new onset of hypertension and a renal tumor were told at a local clinic last month

Present illness: This 60 year-old healthy male patient has suffered from a new onset of hypertension since one month ago. The systolic blood pressure sometimes was increased up to 160 mmHg, and was always accompanied by symptoms of palpitation, sweating, dizziness and chest discomfort. The episodes subsided spontaneously after resting. He denied lost of appetite or body weight, fever, or other constitutional symptoms. He visited a local clinic. A huge left renal mass was told after ultrasound examination. He was referred to our hospital then. Renal function, renin and aldosterone levels were normal at our clinic. Yet, urine tests revealed an abnormal excretion of urinary metabolites for vanillylmandelic acid, epinephrine and norepinephrine. Renal ultrasound revealed a heterogenous cystic lesion (8.3 x 6.9 cm) over the mid-upper pole of left kidney. Abdominal computed tomography revealed a mass lesion with cystic components (7.6 x 6.8 x 8.5 cm) over the left suprarenal region. Under the impression of a pheochromocytoma complicated with secondary hypertension, he was referred to urology clinic for surgical evaluation.

Past history:

1. Denied major systemic disease such as diabetes mellitus, renal, hepatic or pulmonary illness
2. Denied drug or food allergy
3. Surgical history: ruptured appendicitis s/p appendectomy in 1990
4. Alcohol consumption: social drinking
5. Smoking habit: 1 PPD for 30 years
6. Betel nut chewing: no

Family history: non-contributory

Physical examination:

Vital signs: blood pressure 160/93 mmHg, pulse rate 98/min, respiratory rate 15/min, body temperature 36.5°C

Consciousness: clear, E4M6V5
HEENT: grossly normal, no pale conjunctivae, no icteric sclerae
Neck: no jugular enlargement; no palpable lymphadenopathy
Chest: symmetric respiratory expansion, clear breathing sound, no wheezing or rales
Heart: regular heart beats, no S3 or S4 gallops, no audible murmurs
Abdomen: soft and flat; no tender, no palpable thrills, no audible bruits, active bowel sounds, no flank knocking pain
Extremities: freely movable, no leg pitting edema

Laboratory data:
Serum biochemistry

Blood urea nitrogen, mg/dL	Creatinine, mg/dL	ALP, U/L	Potassium, mEq/L	Uric acid, mg/dL	Cholesterol, mg/dL	Triglyceride, mg/dL	Glucose, mg/dL
8.8	0.92	13	4.7	4.5	300	175	107

Hemogram

WBC, 1000/uL	RBC, million/uL	Hemoglobin, g/dL	Hematocrit, %	MCV, fL	Platelet, 1000/uL	PT, second	APTT, second
14.0	5.24	15.8	47.3	90.3	392	10.5/10.7	22.4/26.0

Urinalysis

Outlook	pH	Leukocyte	Nitrite	Protein	Glucose	Blood	RBC, /uL	WBC, /uL	Epithelial, uL
Yellow, clear	6.0	-	-	-	-	trace	14	-	2

Urinary metabolites

24-hour urine, mL	Vanillylmandelic acid, mg/day	Norepinephrine, ug/day	Epinephrine, ug/day	Dopamine, ug/day
2500	21.7	68.3	118.5	295.3

Radiology data: to be presented

Surgical method: left adrenalectomy with retroperitoneal tumor dissection

Surgical findings: A big tumor noted in suprarenal space, measured 8 x 6 cm arisen from left adrenal gland

Pathological findings: to be presented.

Clinical course: The surgical course was smooth. Notably, the blood pressure retuned to normal after tumor excision.

Points of discussion:
1. Differential diagnosis of a secondary hypertension
2. Diagnosis and treatment of a pheochromocytoma