CASE REPORT

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Urinary bladder pheochromocytoma managed by TURBT

ONCOLOGY

- A 62 year old male smoker not known to have any medical illness

Was referred to our urology clinic complaining of obstructive urinary symptoms

Physical exam: unremarkable

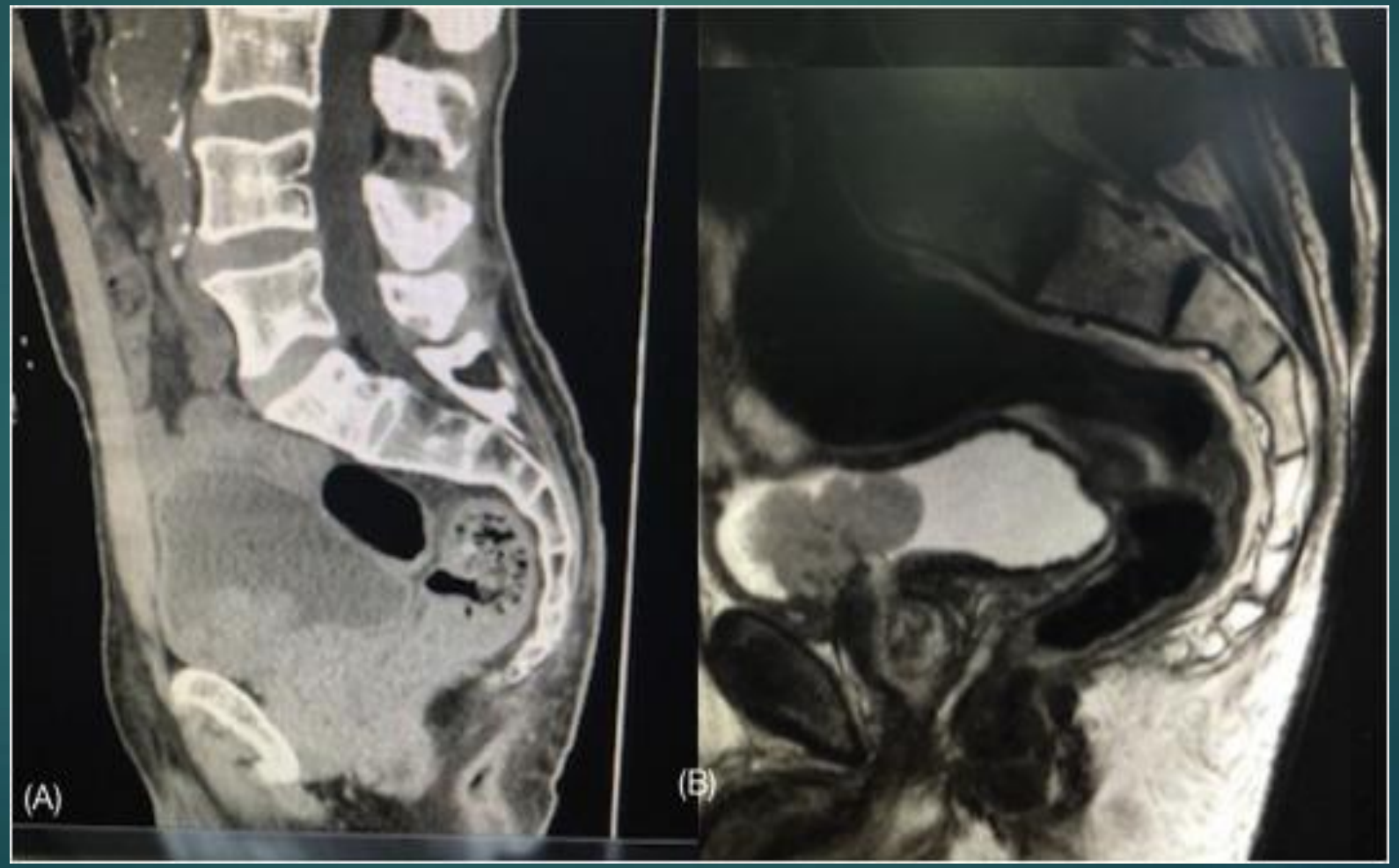
Psa total: 2.5mg/dl

Cbc, createnine, urea,ua,pt,inr, electrolytes was normal

Us of urinary tract: normal kidneys, large bladder mass 4,3x3,5 cm whith post void 120cc

Q max :9ml/sec

- CT scan and MRI showed multilobulated mass originating from the anterior wall
- Cystoscopy: large bladder mass was seen originating from anterior wall of the bladder which explained the obstructive symptoms
- During cystoscopy vital signs was normal
- Bp:130/70
- Pulse:70


(A)
(B)

- Decision was made to go for (TURBT)

During resection the bp rised to 220/120 so the procedure was held.

Post op bp retained normal so cardiac and nephrology cansult was requested and monitoring at home for his bp patient was asked

Normal reading for 1 weak reading

Histopathology report :

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- Report mistakenly showed transitional cell carcinoma of bladder.
- During Second TURBT hypertensive crisis happened again shortly after starting resection.
- The procedure was held

Histopathology second time

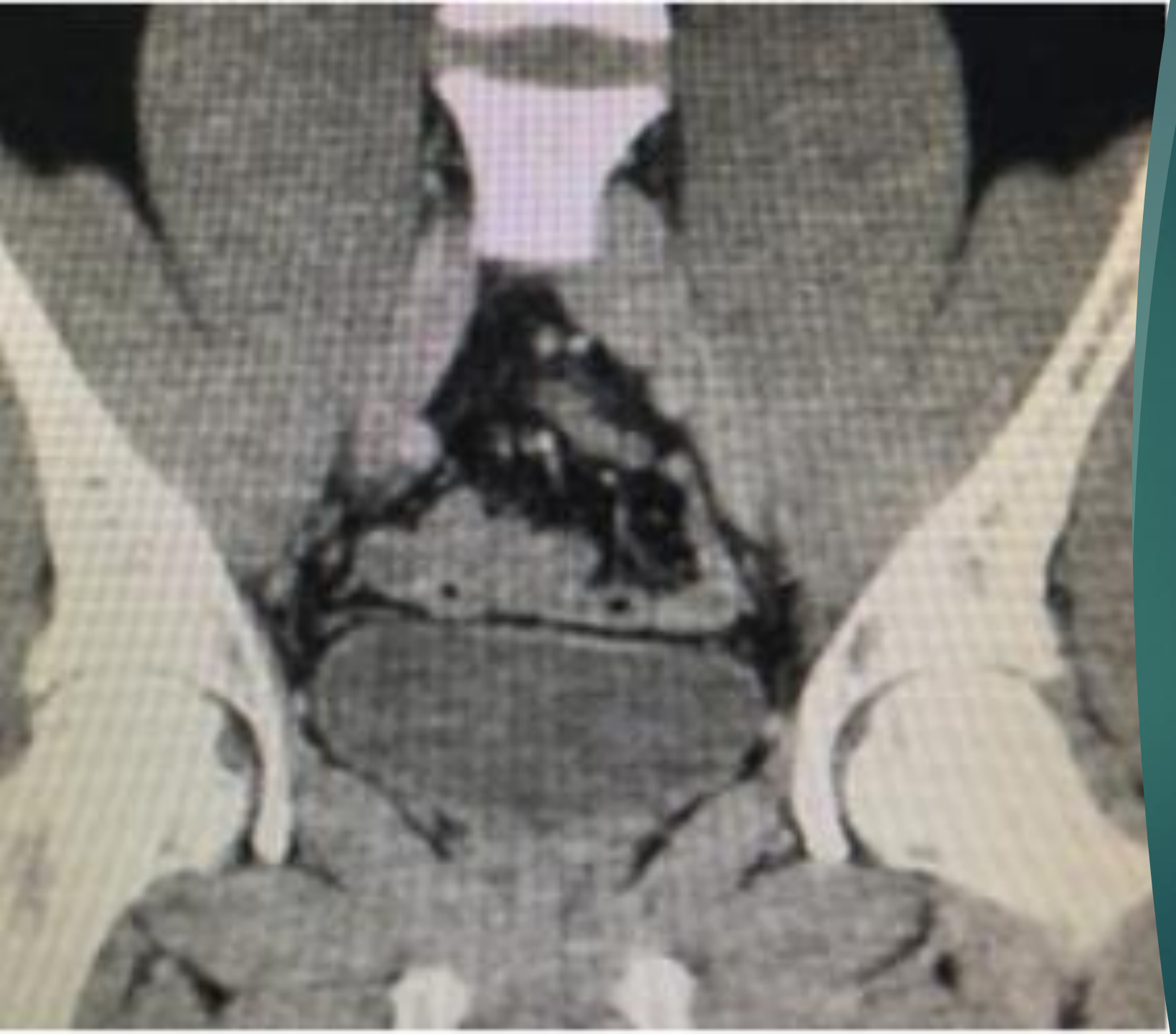
- Histopathology this time revealed pheochromocytoma(paraganglioma).
- Biochemical workup showed increased level of urinary metanephrine.
- (TURBT) was planned for the third time. In order to complete the resection ,preoperative preparation whith alpha and beta antagonist, were prescribed(doxazocin 4mg daily and bisoprolol 2,5 once daily)

On third time the resection was completed whithout any rise in bp intraoperatively

Post resection cystoscopy



- In post operative period the patient did well, all of his symptoms improved dramatically, and has no rise in his blood pressure.
- Urinary and plasma metanephrine level were done 2 weaks,6 months, and 1 yeare after complete resection and were normal
- Follow up ct scan 9 months later showed completely normal bladder
- Cystoscopy at one year was also normal



Ct scan 1 year post resection

- ***Thank*** **you**

Conclusion

- Single or multiple stages (TURBT) is feasible option for treatment of bladder pheochromocytoma.
- Sudden rise of blood pressure during (TURBT) for bladder mass should arise the suspicion of bladder pheochromocytoma.
- Preoperative alpha and b blocker before surgery is mandatory to prevent intraoperative hypertensive crisis during resection
- Long term follow up after complete resection is advised.