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Incidental Finding of Paraganglioma in Pregnancy: A Case Report

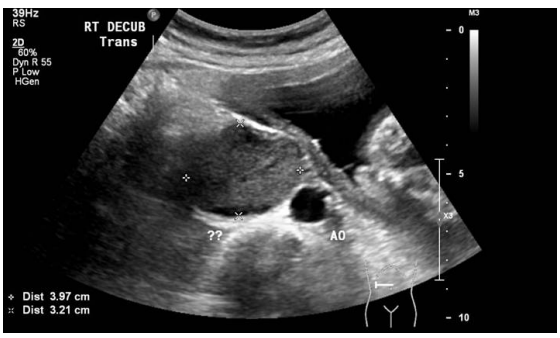
Jarratt A
Wagga Wagga Base Hospital, NSW

Background

Paragangliomas are rare neuroendocrine tumours which affect up to 0.007% of pregnancies.[1-3] Classic presentation results from catecholamine secretion, causing hypertension, headaches, sweating and palpitations, which may be confused for pre-eclampsia.[3] In the setting of non-secreting tumours, disease may be asymptomatic.[4]

Case

A 33 year-old nulliparous woman was underwent ultrasound (USS) at 28 weeks' gestation due to weight loss. This demonstrated a new aortocaval soft tissue mass 40mm x 32mm x 54mm, with internal vascularity and compressing the IVC (Figure 1&2). Surgical opinion was sought the and a plan was made for postnatal review alongside CT chest, abdomen and pelvis. Repeat USS at 33 weeks showed a slight increase in mass size with no other concerning features and the patient remained well. Induction of labour was arranged for 39 weeks and the patient proceeded to a forceps delivery of a healthy baby. Postnatal CT confirmed a retroperitoneal mass around the IVC with suspicion of occlusion. CT brain and chest were clear, however PET scan revealed multiple skeletal metastases. CT-guided biopsy confirmed a diagnosis of metastatic paraganglioma. The patient underwent tumour excision alongside immunotherapy.



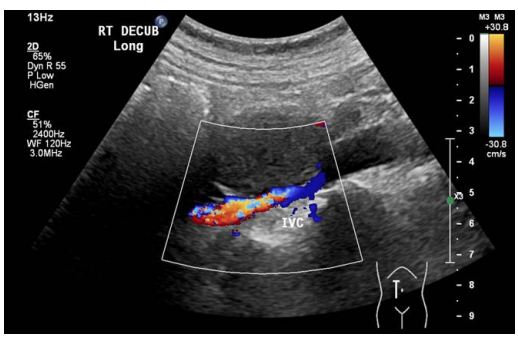


Image 1 and 2. Ultrasound images demonstrating mass adjacent to aorta and compressing the inferior vena cava.

Discussion

This case highlights the issue of delayed diagnosis in the absence of symptoms. Paragangliomas carry a high maternal and fetal mortality of up to 50%.[1,5] Early antenatal diagnosis has been shown to significantly lower rates of fetal and maternal mortality, with complete surgical resection the only curative treatment.[5] In the setting of confirmed disease, caesarean section and tumour excision at time of birth, or soon after, has been recommended.[1,6]

References

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