Wunderlich syndrome - broken pheochromocytoma
– Urologic emergency

N. Dobromir†, N. Stoican‡, D. Stănescu†, M. Crețeanu‡
†Urology, County Emergency Hospital „Sf. Ioan cel Nou” Suceava
‡ICU, County Emergency Hospital „Sf. Ioan cel Nou” Suceava
§Cardiology, County Emergency Hospital „Sf. Ioan cel Nou” Suceava

Abstract

39 years female patient, hypertensive known, is emergency admitted for violent rebel left back pain resistant to treatment, with clinical signs of anemia. Clinical, laboratory and imaging exams reveal the diagnosis of „Spontaneous perirenal hematoma”. After a brief hospitalization in ICU service where it was tried unsuccessfully to correct anemia and maintain blood pressure, analgesic treatment, emergency CT reveal: „Spontaneous perirenal hematoma”. We practiced exploratory lumbotomy with hematoma evacuation, left nephrectomy and adrenalectomy (the remaining gland). Auspicious postoperative evolution.

Key words: Wunderlich syndrome, high blood pressure, pheochromocytoma

Correspondence: dr. Nicolae Dobromir
Spitalul Județean de Urgență „Sfântul Ioan cel Nou”, Secția de Urologie
Bd. 1 Decembrie 1918 Nr. 21, 720237 Suceava, Județul Suceava
Tel: 0230-22.20.98; Fax: 0230-52.12.61.
e-mail: dobromir_nicolae@yahoo.com
**Purpose**

The presentation aims to raise urologists’ interest for a patient with sporadic crisis of paroxysmal hypertension during which violent unilateral sudden back pain appears- lumbar tumor grows progressively, accompanied by signs of acute anemia: extreme pallor, tachycardia (Leuk triad).

**Materials and methods**

Patient I.L. OS-21127, known hypertensive with repeated paroxysmal crises of high blood pressure (220 mmHg) accompanied by transient loss of consciousness, is admitted through the ER with violent back pain; BP = 140mmHg, HR = 100/min. Clinical examination - pale skin, „full” left lomba occupying the whole flank down to 2 cm of iliac crest. Lumbalgia not abating even after administration of a morphine ampoule in the ICU service after routine tests (Ht = 23.2%, Hb = 7g/dl, erythrocytes 3.09 mil. / ul, L = 18280/ul). It is given 2 units of packed red cells, Ringer 500ml, 1000ml 10% glucose. General condition does not improve, blood pressure values decrease to 90 mmHg.

CT states: Left perirenal hematoma diagnosis.

Under general anesthesia with OTI we decided emergency exploratory lumbotomy. Intraoperatoty we found numerous old and new blood clots (1500ml) with the presence of yellow tissue fragments. After blood clots evacuation, purple aspect of the kidney requires performing nephrectomy (functional contro lateral kidney on MRI). We performed hemostasis on left renal pedicle stump and left adrenal artery.

**Conclusions**

Sudden onset of symptomatic „Leuk triad” requires the rapid detection of diagnosis for surgical solution. Not to be forgotten that among the causes of this syndrome there may be encountered the entity described.

Hypotension in situation of broken pheochromocytoma tumor will be measured against the initial high blood pressure values accompanied by paroxysmal crises with transient loss of consciousness.

These patients require postoperative follow up: endocrinologic, cardiological and urologic evaluations with imaging for the detection of a contolateral pheochromocytoma tumor and / or other apudomas.

Postoperatory spectacular evolution. Normalized blood pressure around 130/80 mmHg, anemia resolves, difficult wound scars at 21 days (obesity gr. II). The patient is released afebrile, normal renal function (serum creatinine 0.9 mg / dl), with present gas and faeces transit, with anemia values corrected (Hb-12g/dl, Ht-40%, erythrocytes -4,1 mil. / ul). HP confirms dg. pheochromocytoma „broken”.

MRI certifies normal right kidney and adrenal function. The control at 60 days - clinical and laboratory positive development.
References