

OBJECTIVE

Alberta clinicians optimize laboratory testing for investigation of suspected pheochromocytoma and refer to an endocrinologist as soon as possible

TARGET POPULATION

Patients with typical symptoms, hypertension refractory to multiple drug regimens, accelerated hypertension, known familial syndromes, paradoxical hypertensive responses to antihypertensives, hypertensive episodes during surgical procedures, incidental findings of an adrenal tumor

EXCLUSIONS

None

RECOMMENDATIONS

- ✓ Refer patients suspected of having pheochromocytoma to an endocrinologist as soon as possible
- ✓ Request a 24 hour urine collection for metanephrines – this is the primary test for investigation
- ✓ Repeat test if results are borderline
- X Discontinue anti-hypertensive agents, if possible, prior to specimen collection. Duration of withdrawal varies with the class of drug.

Clinical Features of Pheochromocytoma	
<ul style="list-style-type: none"> • Sustained (more common) or paroxysmal hypertension • Cold sweats and pallor • Palpitations • Nausea 	<ul style="list-style-type: none"> • Anxiety • Weakness • Dyspnea • Headache

Table 1: Clinical Features of Pheochromocytoma

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Reviewed January 2008

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These recommendations are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. They should be used as an adjunct to sound clinical decision making.

For the complete guideline refer to the TOP website: www.topalbertadoctors.org