Somatostatin-Receptor Scintigraphy Identifies a Cardiac Pheochromocytoma

Yves Cottin, MD; Alina Berriolo, MD; France Guy, MD; Michel Toubeau, MD; Ivan Belleville, MD; Roger Brenot, MD; François Brunotte, MD; Jean Eric Wolf, MD

A 17-year-old woman had paroxysmal hypertension. Very high levels of urinary catecholamines suggested a diagnosis of pheochromocytoma (urinary norepinephrine 27600 nmol/24 hours, normal <485 nmol/24 hours; urinary normetanephrine 37607 nmol/24 hours, normal <2000 nmol/24 hours), but no adrenal tumor was found on the abdominal CT scan. Metaiodobenzylguanidine (MIBG) whole-body scintigraphy was performed, and no abnormal uptake was observed. To locate the tumor, $^{111}$In-labeled pentetreotide somatostatin-receptor scintigraphy was performed. An intense focal uptake was seen in the thoracic area (Figure 1). An intravenous injection of $^{99m}$Tc microspheres was used to label the lungs. The subsequent double-isotope tomoscintigraphy located the tumor beside the right lung in the inferior mediastinum (Figure 1).

ECG-gated MRI and transesophageal echocardiography gave further information about the anatomic extent of the tumor. The pheochromocytoma was located adjacent to the right atrium (Figure 2).

The patient underwent surgical removal of the tumor and had an uneventful recovery, except for an atrial fibrillation that was resolved after a few weeks. This case emphasizes the value of pentetreotide scintigraphy to localize pheochromocytomas when MIBG scan and abdominal CT scan are negative.

Figure 1. Whole-body scintigraphy 48 hours after the administration of 185 MBq of $^{111}$In-pentetreotide. Anterior and posterior views reveal a focal uptake above the liver. A transaxial slice acquired by double-isotope single photon emission CT shows that the tumor labeled with $^{111}$In pentetreotide (red) is in the mediastinum beside the right lung, which is labeled with $^{99m}$Tc microspheres (green).
Figure 2. A T1-weighted black-blood spin-echo axial MRI slice (left) shows the pheochromocytoma as a bright tumor adjacent to the right atrial free wall and to the right lung. A breathhold bright-blood cine-MRI oblique slice (right) shows the tumor extending behind the superior vena cava.
Somatostatin-Receptor Scintigraphy Identifies a Cardiac Pheochromocytoma
Yves Cottin, Alina Berriolo, France Guy, Michel Toubeau, Ivan Belleville, Roger Brenot, François Brunotte and Jean Eric Wolf

Circulation. 1999;100:2387-2388
doi: 10.1161/01.CIR.100.23.2387

Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 1999 American Heart Association, Inc. All rights reserved.
Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/100/23/2387

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Circulation can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Circulation is online at:
http://circ.ahajournals.org/subscriptions/