Pheochromocytoma and Endocrine Hypertension

Pheochromocytoma is a rare, usually noncancerous adrenal gland tumor that produces excess epinephrine (adrenaline) and norepinephrine (noradrenaline), hormones called catecholamines. The body needs norepinephrine to maintain blood pressure, but its overproduction causes a dangerous rise in blood pressure. The symptoms of pheochromocytoma include severe headaches, excess sweating, racing heart, feelings of anxiety or nervousness, and trembling, among others.

Who should be tested for pheochromocytoma?
Patients with the symptoms of excess catecholamines should be tested for pheochromocytoma if they:

- have very hard-to-control hypertension
- require more than three medications to normalize blood pressure
- have hypertension that began before age 35

Diagnosis of pheochromocytoma
Diagnosis can be made by the following tests:

- **24-hour urinary catecholamines and metanephrines.** These chemical compounds are made by the adrenals and excreted in the urine. To determine if they are overproduced, a patient's urine is collected for 24 hours.

- **Plasma metanephrines.** This test measures the level of these adrenaline-related compounds in the blood.

Treatment of pheochromocytoma
Pheochromocytomas are usually removed surgically. Before surgery, alpha- and beta-blocker medications are required to bring hypertension under control and prevent complications during surgery.

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