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Woman recovers after removal of 3.5 kg adrenal gland tumour

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Kolkata: Doctors at Medical College and Hospital (MCH) Kolkata removed a rare, "giant" tumour, measuring $25 \mathrm{~cm} \times 20 \mathrm{~cm} \times 10 \mathrm{~cm}$ and weighing 3.5 kg , from the adrenal gland of a 42-year-old woman, who is also hepatitis B-positive.

Parbati Dhara from Rishra was detected with phaeochromocytoma, araretumour of the adrenal gland.

The two adrenal glands_right and left-are located right above the right and left kidneys. The incidence of this tumour is estimated at two to eight persons per one million population. Experts pointed out giant pheochromocytomas, as phaeochromocytomas larger than 7 cm are called, are rare and challenging to operate on. This tumour is also called a "biological time bomb" for its propensity to cause sudden death. The initial symptoms may be headache, palpitation, sweating and fluctuating blood pressure.

Given the risks, doctors Animesh Maity, Rana Bhattacharya, Partha Pratim Chak-

## SHE IS ALSO HEPATITIS B-POSITIVE

## >Phaeochromocytoma is a tumour of the adrenal gland

> It's a rare tumour with incidence among 2 to 8 persons per 1 million population
$>$ This tumour was a "giant" one, as it measures $25 \mathrm{~cm} \times 20$ $\mathbf{c m} \times 10 \mathrm{~cm}$ and weighs 3.5 kg
$>$ Initial symptoms may

## include headache, palpitation, sweating and fluctuating BP

> This tumour is also known as a biological time bomb
We have come across
of giant pheochromocytomas from across the globe Dhritiman Maitra | in Charge, BREAST \& ENDOCRINE SURGERY SERVICES AND CLINIC, MCH
raborty and Neeti Agarwal and a team from the endocrinology department prepared the patient well in advance with medications for the surgery. "With the help of my team, including doctors Uttam Mondal, Anwesh Biswas, Adrija Basak and Pradip Mondal, we could remove the giant tumour. We have come across reports of only 36 cases of giant pheochromocytomas from across the globe," said Dhritiman Maitra, associate professor, who is in charge of Breast and Endocrine Surgery Services and Clinic at MCH.

Doctors said anaesthetic management before, during and after the risky surgery
was critical as the blood pressure could swing between dangerously high during the procure and abysmally low after. The anaesthesia team, led by doctors Harshaprava Dutta and Gargi Bhadra DasGupta, managed the tricky phase.

The patient recovered well after the removal of the tumour and left adrenal gland. "One in 100 with high BP may have an underlying phaeochromocytoma. They secrete extreme high levels of nor-adrenaline or adrenaline that can cause high BP and various other problems, including sudden cardiac arrest or brain stroke," said Maitra.

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