Background

Pheochromocytoma carries a significant mortality risk in patients undergoing surgical procedure. The two reports in literatures of AAA and Pheochromocytoma were in middle age patients.

Case presentation

A 66-year-old male patient with a 5.8 cm infrarenal AAA underwent elective EVAR. He had a history of myocardial infarction at 35 years old, coronary stents, hypertension and CKD. He had general anaesthesia and percutaneous access to the femoral arteries using Proglides. On introducing the catheters, the patients' blood pressure surged to over 300 mmHg. Blood pressure remained high despite increasing depth of anaesthesia, propofol boluses and GTN infusion. It was eventually controlled with Labetalol but remained labile with surgical manipulation. Blood tracked retroperitoneally around the sheath during hypertensive surges. On further review of his CT scan; he had a 1.7 cm left adrenal nodule. The procedure was abandoned and the groins were closed. He was subsequently investigated and was found to have increased urinary metanephrines, consistent with a diagnosis of phaeochromocytoma. He was referred for laparoscopic left suprarenal adrenalectomy, following which he had an uneventful percutaneous EVAR six months later.

Conclusion

Although percutaneous EVAR is minimally invasive, it can trigger the hormonal release in a patient with a phaeochromocytoma. This rare condition should be considered in young aneurysm patients with adrenal nodules, ischaemic heart disease and hypertension.