CR-GE-37

ELEVATED METANEPHRINES IN A NORMOTENSIVE FILIPINO WOMAN WITH A LATERAL NECK MASS

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INTRODUCTION
Schwannomas are benign biochemically non-secretory neoplasms that originate from the myelin sheaths of nerves. Functioning schwannomas, especially that of the head and neck, are exceedingly rare with only a few published in the literature. This case aims to report the uncommon presentation of a patient with a neck schwannoma in an adult female with elevated urine metanephrines.

CASE
A 33-year-old Filipino female, non-hypertensive, was admitted for a two-year history of progressively enlarging non-tender pulsatile right lateral neck mass, without any symptoms. The patient underwent aspiration biopsy revealing no malignant cells. Contrast-enhanced CT Scan demonstrated well-defined heterogeneously enhancing soft tissue mass in the right paracervical area, with an initial impression of paraganglioma or nerve sheath tumor. To discriminate further, urine metanephrine was ordered and demonstrated high results (3.997 mg, 5.018 mg; Reference: 0-1.00 mg/24hr) on two occasions. Gadolinium-enhanced MRI showed the 6.3x3.9x4 cm mass as isointense on T1WI and hyperintense on T2WI. Despite normotension, terazosin was administered for pre-operative alpha blockade. She underwent excision of the tumor without post-operative complications. On follow-up, the histopathology and immunohistomorphologic features confirmed the mass as a Schwannoma. Four weeks later, the patient remained normotensive and repeat urine metanephrines yielded normal results (0.670 mg, 0.192 mg).

CONCLUSION
Surgery, which remains to be the cornerstone of treatment, heralded the biochemical remission of the urine metanephrines in the patient. Although there were no identified neuroendocrine elements in the histopathology, the decrease in urine metanephrines after tumor removal likely points to a secretory schwannoma.

KEY WORDS
metanephrines, secretory schwannoma, lateral neck mass

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THE SLEEPING GIANT: AN ATYPICAL CASE OF A GIANT PITUITARY ADENOMA PRESENTING AS ACROMEGALY WITH MINIMAL SYMPTOMS OF MASS EFFECT

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INTRODUCTION
This is a case of patient with giant pituitary adenoma (GPA) presenting with acromegalic features, minimal symptoms of mass effect who underwent surgical resection via transcranial approach with minimal surgical morbidity.

CASE
A 40-year-old female presented with typical acromegalic features over 14 years, occasional mild frontal headaches and blurred vision. She had elevated growth hormone (GH) and insulin-like growth factor-1 (IGF-1). Cranial MRI revealed a 6.4x7x5.5 cm lobulated pituitary mass with cystic degeneration, areas of necrosis with mass effect on several intracranial structures. Excision via craniotomy reduced mass size to 5.9x5.8x4.7 cm. Histopathology revealed a mixed GH- and prolactin-secreting pituitary adenoma. She was maintained on bromocriptine and underwent radiotherapy. Repeat IGF-1 levels remained elevated but symptoms did not progress.

CONCLUSION
This is a case of a patient with GPA with minimal symptom of mass effect, with no hormonal improvement post-surgery and radiotherapy. Ideally, a multi-staged surgery can be done with optimization of medical management. In the absence of these medications locally and reluctance of patient for re-surgery, the team opted to monitor tumor size, hormone levels and maximize management of co-morbidities.

KEY WORDS
acromegaly, pituitary adenoma, gh secreting