metastasis. Thyroid function tests were normal. She underwent debulking thyroidectomy with bilateral modified radical neck dissection. Patient required a tracheostomy due to tumour invasion into the trachea. Histopathology confirmed multifocal (>5 foci) classical variant PTC with the largest nodule measuring 25 mm. The tumour showed lymphovascular invasion, regional nodal metastases, and invasion into adjacent skeletal muscle indicating an advanced stage with a high risk of recurrence as per the American Thyroid Association (ATA) risk stratification.

Postoperatively, we started her on levothyroxine with a TSH target of below 0.1mIU/L. At 33 weeks gestation, an elective lower segment caesarean section was performed. Post delivery, cabergoline was given to suppress lactation in preparation for I-131 therapy. After consultation with nuclear medicine, I-131 therapy was scheduled at 10 weeks postpartum. Levothyroxine was withheld one month prior.

CONCLUSION

This case highlights the challenges of managing advanced PTC with metastasis during pregnancy. Thorough multidisciplinary planning of surgery and postpartum I-131 timing is essential to ensure a seamless delivery and safety of mother and child. To safeguard breast tissue from radiation exposure, breastfeeding should be entirely discontinued at least six weeks prior to I-131 therapy. Breastfeeding should not be resumed after I-131 administration to shield the infant from radiation exposure and avert harm to the infant's thyroid gland. Breastfeeding is not contraindicated in subsequent pregnancies.

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TEMOZOLOMIDE THERAPY IN RECURRENT METASTATIC PHEOCHROMOCYTOMA: A CASE-BASED REVIEW

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INTRODUCTION

Metastatic pheochromocytoma is rare and the management is complex, requiring multifaceted, multidisciplinary management. Primarily palliative, treatment focuses on tumor control, symptom management, and quality of life. While historically associated with a poor prognosis, improved diagnosis and management, including surgery, chemotherapy and targeted therapies, are extending survival for some patients.

CASE

A 52-year-old female was initially diagnosed in 2013 with non-functioning pheochromocytoma with liver, spleen, and pancreatic tail metastases. She underwent left adrenalectomy, splenectomy, distal pancreatectomy, and local resection of metastatic liver lesions, followed by trans-arterial chemoembolization of liver metastases. Subsequent follow-up imaging revealed recurrent disease, necessitating further surgical intervention. This included left hemihepatectomy, left nephrectomy, segmental resection of the colon and splenic flexure and excision of a posterior abdominal tumor. Due to the extensive nature of her disease progression, the patient received 4 cycles of peptide receptor radionuclide therapy (PRRT) as well as palliative radiotherapy to left thoracoabdominal mass and T9 till L1 vertebrae. Despite undergoing PRRT, the disease continued to progress. A multidisciplinary team discussion led to the initiation of temozolomide treatment in March 2023. The patient has received 22 cycles of temozolomide from 2023 to date, with recent follow-up imaging demonstrating partial response to the treatment.

CONCLUSION

This case report illustrates therapeutic efficacy of temozolomide in metastatic pheochromocytoma. In recent years, temozolomide has shown good outcomes in some metastatic pheochromocytoma patients, especially those with SDHB germline mutation. Temozolomide treatment has been generally considered to have a low toxicity profile, however few studies have noted the development of severe myelosuppression. While the current evidence base is still developing and primarily relies on retrospective data and case reports, ongoing clinical trials are anticipated to yield more definitive conclusions regarding its efficacy and optimal clinical application in metastatic pheochromocytoma.