

Anesthetic Management of Multiple Endocrine Neoplasia Type 2A (MEN2A) Syndrome With Contralateral Recurrent Pheochromocytoma: A Case Report

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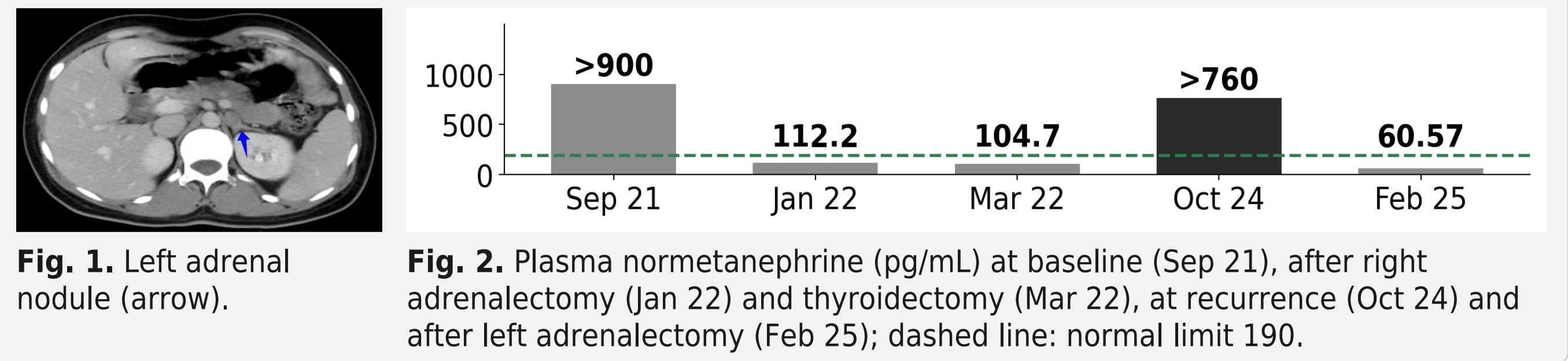
Introduction

- MEN2A is an autosomal dominant syndrome of medullary thyroid carcinoma, pheochromocytoma and hyperparathyroidism; Contralateral recurrence after adrenalectomy is under-reported.
- Aim:** To describe the anesthetic management of recurrent contralateral pheochromocytoma in MEN2A.

Methods

- A **29-year-old woman** with MEN2A had right adrenalectomy and total thyroidectomy in 2022; **Her previous anesthetic was eventful**, with a severe hypertensive episode at induction that cancelled surgery.
- Proper blockade** followed; Doxazosin (alpha) was started first, then metoprolol 25 mg daily (beta), continued up to surgery; Pre-operative echo EF was 55% and Roizen criteria met were 1 of 4.
- A **multidisciplinary team** of endocrinology, surgery and anesthesia guided blockade, fluids and intra-operative control.
- Continuous surveillance** from 2021 to 2025 detected an asymptomatic recurrence in Oct 2024; Normetanephrine was **>760 pg/mL** and CT showed an 11 × 15 mm left adrenal nodule (Figs. 1-2).

Figures



Intraoperative Conduct of Anesthesia

- Standard ASA monitors, an arterial line under local anesthesia and central venous access were used; Pre-induction BP was 104/57 mmHg and HR 71 bpm.
- Induction used fentanyl, midazolam, propofol and atracurium with sevoflurane maintenance; Magnesium sulfate 2 g and hydrocortisone 100 mg were given at induction.
- Low-dose noradrenaline was titrated with IV fluids and no hypertensive crisis occurred; Epidural bupivacaine 0.125% (10 mL/h) followed, and she was extubated in theatre with an uneventful recovery.

Conclusion

- MEN2A pheochromocytoma needs individualized, multidisciplinary care, as even normotensive patients can be unstable.
- For an uneventful anesthetic management of a contralateral pheochromocytoma, alpha- then beta-blockade, invasive monitoring, vasoactive drugs and steroid cover are necessary.
- Lifelong biochemical surveillance allows early detection of recurrence and safe, planned surgery.
- Limitation:** This is a single case report, so the findings cannot be generalized.

References

1. Lang BH et al., World J Surg 2015;39:2484-91. 2. Foo CW et al., Br J Anaesth 2015;114:700-1. **Source:** Javed T et al., Cureus 2026;18(6):e111401 (CC BY 4.0).