

A case of neurogenic pulmonary edema due to catecholamine crisis after EUS-FNB

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Neurogenic pulmonary edema is an etiological subtype of non-cardiogenic pulmonary edema, classified as a subtype of the acute respiratory distress syndrome by the Berlin definition. The diagnosis of neurogenic pulmonary edema is based on the occurrence of edema after a neurologic event. It's an increase in pulmonary interstitial and alveolar fluid that is due to an acute central nervous system injury and usually develops rapidly after the injury. We report a case of neurogenic pulmonary edema due to catecholamine crisis after endoscopic ultrasound guided fine needle biopsy. A 60-year-old man was admitted to the emergency room with a liver abscess due to a fever that started two weeks ago. At that time, 5cm soft tissue in aortocaval space was confirmed on APCT, and he was hospitalized for EUS-FNB. In the aortocaval space on the side of the pancreas head, a well-defined, and hyperechoic mass of about 5 cm was observed. One hour after EUS-FNB, the patient's vital sign was 189/132-102-24-36.9, complained of dyspnea, nausea, and profuse sweating. ABGA results were pH 7.20, pCO₂ 46, pO₂ 62, HCO₃-18, chest X-ray showed pulmonary edema. The patient was transferred to the ICU and mechanical ventilator support was performed. Plasma Metanephrine was > 20.21 nmol/L and Plasma Normetanephrine was > 45.33 nmol/L. Urine metanephrine > 1814.7 ug/day, normetanephrine > 3814.3 ug/day, epinephrine 83.3 ug/day, norepinephrine 398.0 ug/day, VMA 398.0 ug/day. For catecholamine crisis, no urinary output, and metabolic acidosis were confirmed, and CRRT was initiated. The EUS-FNB biopsy result was retroperitoneal paraganglioma. On the 15th day of admission, the patient's condition was stabilized, and after extubation and CRRT stop, he was transferred to the general ward. PET-CT was performed for staging on the 23rd day of admission, and there was a proximal sigmoid colon mass. Colonoscopy was performed on the 29th day of admission, and histopathological examination confirmed that it was adenocarcinoma. The patient was discharged on the 32nd day of admission. For paraganglioma, phenoxybenzamine was used, and later surgery was considered for sigmoid colon cancer.

