AB228. SOH21AS200. A rare case of incidental functioning neck paraganglioma in a multiple myeloma patient

Waris Ali Shah, Zeeshan Razzaq, Hamid Mustafa, Sarah Lungley, Mohammed Daoud, Ian Brennan, Paul Ryan, Henry Paul Redmond

Department of Endocrine Surgery, Cork University Hospital, Cork, Ireland

Background: Paragangliomas are neuro-endocrine tumours originating from neural crest chromaffin cells. Majority (80–85%) are found in the medulla of adrenal glands referred to as pheochromocytomas. Catecholamine secreting neuro-endocrine tumours arising outside of adrenal medulla referred as paragangliomas constitute only 0.6% of all head and neck tumours. In this case study, we present a rare case of a sporadic and functioning neck paraganglioma in a multiple myeloma patient, which was an incidental pick up.

Methods: A 57-year lady awaiting stem cell transplant for multiple myeloma presented with chest pain. A CT-pulmonary angiogram (CT-PA) out ruled a pulmonary embolism but picked up an incidental finding of a 3.5 cm left neck/thoracic inlet mass. This mass was further characterized using ultrasound and biopsy, confirming a paraganglioma. Further imaging in form of metaiodobenzylguanidine (MIBG) and PET-CT scans confirmed no other focus of disease except the neck.

Results: The patient had preoperative alpha and beta blockade after discussion in the endocrine MDT followed by surgery via lower neck transverse incision. The surgery was un-eventful, and the patient was discharged home on her first post-operative day. Final histo-pathology confirmed a benign paraganglioma. Her genetic testing subsequently returned negative for MEN2/RET gene mutation.

Conclusions: This case report describes the first ever reported relationship in literature between neck paraganglioma and multiple myeloma. A multidisciplinary approach is recommended for these complex and rare cases with pre-operative blockade followed by surgery as the definitive cure.

Keywords: Paraganglioma; multiple myeloma; head and neck tumours

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Footnote

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