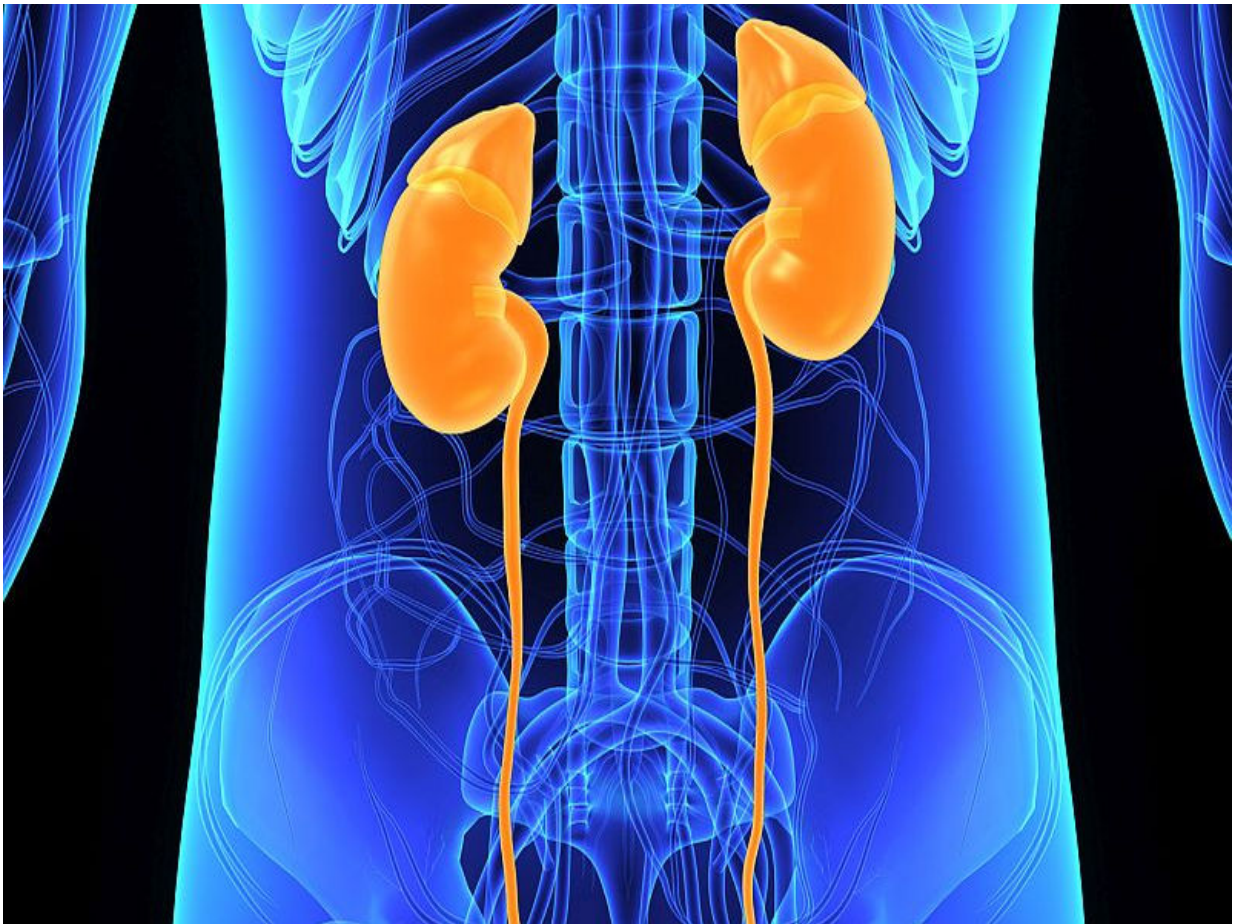


Simultaneous diagnosis of SLE, pheochromocytoma described

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(HealthDay)—A case of simultaneous diagnosis of systemic lupus

erythematous (SLE) and pheochromocytoma, with disappearance of SLE after pheochromocytoma treatment, is described in a letter to the editor published online May 6 in the *International Journal of Rheumatic Diseases*.

Vincenzo Bruzzese, M.D., from the Nuovo Regina Margherita Hospital in Rome, and colleagues report on the case of a 39-year-old woman with a history of hypertension who was rehospitalized for a second episode of pleuro-pericarditis in 2010. A right adrenal nodule was identified on abdominal computed tomography at that time. Positive antinuclear antibody (ANA) titer appeared in January 2013 and the patient was diagnosed with undifferentiated connective disease. The patient experienced widespread rash of urticaria followed by joint pain in the fingers, wrists, feet, ankles, and knees, with functional limitation later that year.

The authors identified increases in adrenaline and metanephrine. They confirmed a right adrenal nodule of 2.8 cm diameter that showed intense hyperfixation at meta-iodobenzyl guanidine I 123 scintigraphy on abdominal magnetic resonance imaging, indicative of pheochromocytoma. The patient underwent right adrenal gland resection and the diagnosis of pheochromocytoma was confirmed on histological examination. The [blood pressure](#) was normalized, remission occurred in pain at the joints, and ANA disappeared. At six months after surgery there were no clinical or biochemical signs related to SLE.

"When SLE is suspected, it is always advisable to assess the function of the sympathetic nervous system, especially in patients with [high blood pressure](#)," the authors write.

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