CHAPTER 5

Panic Attack and Pheochromocytoma

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INTRODUCTION

Panic attacks are typically defined by a sudden state of extreme horror or disturbance that rapidly reaches peak intensity within seconds to minutes. Physical symptoms of distress associated with panic attacks include diaphoresis, tachycardia, chest pain, tremors, dizziness, nausea, feeling faint, and paresthesias. Panic attacks are not a psychiatric disorder in themselves. Panic disorder is described as recurring panic attacks that lead to 1) constant worry about possible future attacks or their results or 2) maladaptive changes in behavior aimed at alleviating future attacks (1).

Pheochromocytoma is a tumor of the adrenal gland. It is formed from the medulla or chromaffin cells of the adrenal gland and secretes catecholamines. (2-4). The main features of pheochromocytoma are headache, hypertension, anxiety, tachycardia, sweating, tremors and other symptoms caused by catecholamine excess (5).

Diseases such as mitral valve prolapse, thyroid disease, pheochromocytoma, hypoglycemia and temporal lobe epilepsy (partial complex seizures) are medical disorders that can simulate, precipitate or complicate panic disorder.

The relationship between pheochromocytoma and panic attacks will be discussed in detail in this section.

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CONCLUSION

Pheochromocytomas can simulate many different diseases due to their variety of symptoms and presenting signs. The patient may be misdiagnosed with panic attack-like symptoms and treatment may be started. Prescribed psychotropic agents may cause adverse effects in patients with pheochromocytoma. Therefore, pheochromocytoma should be considered in all cases that are resistant to treatment, can progress with hypertensive crises in the form of relapses, can usually occur at an early age, and describe a hypertensive attack with various triggering factors.

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