**CATECHOLAMINE INDUCED CARDIOMYOPATHY**

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*Introduction:* In setting of newly identified cardiomyopathy, the differential diagnosis of common presentations must include uncommon causes. This consideration is critical as in cases such as catecholamine-secreting neuroendocrine tumors where inappropriate medical and surgical management may have catastrophic consequences.

*Case Description*: A 28-year-old man with no significant medical history other than baseline tachycardia of unclear etiology, alcohol abuse, and methamphetamine use was transferred from a referring hospital for further evaluation and management of newly identified biventricular systolic heart failure in setting of acute respiratory distress syndrome related to community acquired pneumonia. On presentation, he was intubated, tachycardic and hypertensive. Baseline laboratory tests were notable for elevated inflammatory markers and mild leukocytosis with negative urine drug screen. There were no concerning findings on the electrocardiogram. Repeat echocardiogram was notable for mild left ventricular enlargement with a phenotype of reversed apical ballooning and a calculated ejection fraction of 28%. Considering no underlying etiology was identified, further testing included a significantly elevated serum free metanephrine (1.7 nmol/L; normal <0.5 nmol/L) and a 24-hour urine metanephrine collection (3813 mcg). Subsequent CT imaging showed evidence of a right-sided pheochromocytoma (4.1 x 6.1 x 2.9 cm). The patient was started on appropriate therapy with alpha and beta blockade and ultimately underwent surgical resection. Follow-up one month later showed complete resolution of cardiac dysfunction and symptom improvement.

*Discussion*: It is important to entertain the possibility of catecholamine-secreting neuroendocrine tumors in young patients with cardiomyopathy of unclear origin. Prompt diagnosis and management can result in complete normalization of cardiac function.