M006
CT-GUIDED PERCUTANEOUS ETHANOL INDUCED ABLATION OF ADRENAL ADENOMAS IN SECONDARY HBP: FIRST RESULTS IN 12 PATIENTS
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Hiperaldosteronism in adrenal adenoma is a curable cause of secondary high blood pressure (HBP). Primary hiperaldosteronism characterised by raised values of serum aldosterone with blunted renine levels in patients with adrenal adenoma was until now usually treated by open surgery or more recently by video-laparoscopy.

These invasive therapies are frequently associated with complications and are more aggressive, much more expansive and time consuming when compared with the CT-guided percutaneous ethanol injection (PEI).

PEI is a technique already used for the ablation of thyroid and parathyroid adenomas.

We performed PEI for the ablation of functioning adrenal adenomas diagnosed by CT, in 12 patients. In 72% of the patients we achieved normal blood pressure 48 to 72 h after PEI. In the remaining patients, mostly with bilateral adenomas, we could reduce the medication. The hospital stay is meanly two days.

Despite the few cases, preliminary results are most promising and definitely as good as those obtained with surgical treatment considering this one as the “gold standard”.

Key Words: Adenomas; Hiperaldosteronism; CT; PEI

M007
DIFFERENT BLOOD PRESSURE RESPONSE TO THE COLD PRESSOR TEST PREDICTS PREECLAMPSIA
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Recent data indicate an increased vascular reactivity due to an overactivity of the sympathetic nervous system in women with preeclampsia. We, therefore, evaluated whether this increased vascular reactivity can be detected prior to the clinical manifestation of preeclampsia by the use of a physiological stimulus. One-hundred and twenty-three pregnant women between the 16th to 20th week of gestation underwent a cold pressor test. Blood pressure and heart rate were monitored by a continuous, noninvasive blood pressure measurement device during the stimulus and after removal of the ice-bag. A clinical follow-up was done by review of the charts after delivery to identify those women who have developed preeclampsia, defined as evidence of proteinuria (dipstick 1+ or more) and hypertension (systolic blood pressure >140 mm Hg and/or diastolic blood pressure >90 mm Hg). Ten (8%) out of 123 pregnant women developed preeclampsia. During the cold pressor test systolic as well as diastolic blood pressure increased significantly more pronounced in women developing preeclampsia compared to healthy pregnant women (systolic blood pressure: 14.2 (5.5) versus 8.5 (7.2) mm Hg, p = 0.02; diastolic blood pressure: 7.3 (4.9) versus 3.9 (4.7) mm Hg, p = 0.03). The change in heart rate was similar between both groups (8 (2.6) versus 10.4 (6.4) beats/min, n.s.). An increased vasoconstrictive response to a physiological stimulus as a sign of an increased vascular reactivity is present in women with preeclampsia prior to the clinical manifestation of the disease. The cold pressor test may be a suitable diagnostic tool to identify women, who will develop preeclampsia. However, future studies in larger cohorts are required to establish the final predictive value of this test.

Key Words: Preeclampsia; prediction; hypertension; cold pressor test; pregnancy

M008
CARDIAC STRUCTURAL AND FUNCTIONAL CHARACTERISTICS IN CUSHING’S SYNDROME
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The aim of the present study was to assess the structural and functional characteristics of the heart in Cushing’s syndrome and preclinical Cushing’s syndrome. Twenty patients with Cushing’s syndrome (adrenal adenoma: n = 13; Cushing’s disease: n = 7), eight patients with preclinical Cushing’s syndrome, and essential hypertension (n = 45) were investigated by M-mode and pulse doppler echocardiography. Left ventricular mass index (LVMI), and interventricular septal thickness (IVST), and posterior wall thickness (PWT) were comparable in patients with adrenal adenoma, preclinical Cushing’s syndrome, and essential hypertension and were larger than those in Cushing’s disease. Although both ejection fraction and E/A were significantly decreased, there was no significant difference between the groups. Since multivariate analysis demonstrated both blood pressure (r = 0.77, p < 0.02) and duration of disease (r = 0.77, p < 0.04) as significant factors contributing to LVMI, correlation between echocardiographic parameters and clinical findings were analyzed in patients with Cushing’s syndrome with disease duration longer than 5 years and preclinical Cushing’s syndrome. Geometric parameters (LVMI, IVST, and PWT) were positively correlated to cortisol levels (plasma and/or urine) in addition to blood pressure, while E/A was negatively correlated to plasma cortisol level. That cortisol level in addition to blood pressure and duration of disease correlated to left ventricular structure and function in Cushing’s syndrome suggests a direct action of cortisol on the heart. Early diagnosis and treatment are indispensable to avoid cardiovascular complication.

Key Words: Cushing’s syndrome; cardiac hypertrophy; cortisol

M009
DYNAMIC COMPUTER TOMOGRAPHIC (CT) AND MAGNETIC RESONANCE (MR) IMAGES OF JUXTAGLOMERULAR (JG) CELL TUMOR
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