Abstract

Paragangliomas, rare neuroendocrine tumors originating from extra-adrenal autonomic paraganglia, present unique challenges when complicated by pregnancy due to their nonspecific symptoms and potential confusion with pregnancy-related hypertension.

We report a case of a 28-year-old primiparous woman admitted at 36 weeks of gestation with severe hypertension, initially diagnosed as severe preeclampsia. Despite lacking classical paraganglioma symptoms, she was diagnosed postpartum. The tumor, located near the left renal hilum, posed challenges in diagnosis and management. Surgical resection was performed postpartum; however, persistent hypertension raised concerns of renal artery stenosis.

Paragangliomas' subtle symptoms, often mimicking pregnancy-induced conditions, demand a high index of suspicion. Diagnostic challenges include the tumor's nonspecific presentation and potential false negatives in metanephrine assays. Careful preoperative planning, involving alpha and beta blockade, meticulous intraoperative management, and postoperative follow-up, is crucial for maternal well-being. Persistent hypertension postoperatively warrants further evaluation for potential complications or coexisting conditions.

Paraganglioma complicating pregnancy, though rare, emphasizes the need for vigilant antepartum and postpartum care. Early recognition, interdisciplinary collaboration, and comprehensive management are pivotal to prevent adverse outcomes for both the mother and the fetus. This case underscores the importance of continued awareness and timely intervention in managing this challenging condition during pregnancy