**Abstract**

Introduction: Pheochromocytoma must be considered in any patient with young hypertension and adrenal tumour. Patients characteristically present with episodic palpitation and sweating. Differentiating pheochromocytoma from adreno cortical carcinoma (ACC) based on contrast enhanced CT abdomen may be difficult since some of the features are common to both.

Case: A previously healthy 30 years old male presented with persistent headache and episodic palpitation for 2months duration and on examination found to have hypertension. On further evaluation of young hypertension biochemical assessment with 24 urinary metanephrines was normal on two separate occasions and had a suppressed 9AM cortisol in overnight dexamethasone suppression test (ODST). He was detected to have a R/ sided adrenal mass and in further imaging with contrast enhanced CT abdomen there was a difficulty in differentiating from adreno cortical carcinoma. Laparoscopic adrenalectomy was done, and histology turned out to be a phaeochromocytoma. After surgery he is currently asymptomatic and normotensive while off antihypertensives.

Conclusion: This case emphasizes the fact that young hypertension should be evaluated for secondary cause which would be helpful in definitive treatment which can lead to permanent cure.