

Betamethasone-Dexamethasone –risk of Pheochromocytoma

[EDA performs label update to include the following:](#)

Pheochromocytoma crisis, which can be fatal, has been reported after administration of systemic corticosteroids, including hydrocortisone. Corticosteroids should only be administered to patients with suspected or identified pheochromocytoma after an appropriate risk/benefit evaluation.

Background:

Pheochromocytoma

Pheochromocytomas are tumours that arise from chromaffin cells of the adrenal medulla.¹ They typically secrete one or more catecholamines: epinephrine, norepinephrine and dopamine.² Pheochromocytomas are rare, with an estimated annual incidence of approximately 0.8 per 100,000 person-years.¹

Pheochromocytoma predominantly presents with paroxysmal or sustained hypertension, plus episodic headache, tachycardia and sweating due to excessive catecholamine release.^{1,3} Diagnosis requires proof of excessive catecholamine release and anatomical documentation of the tumour.⁴ The standard treatment for pheochromocytoma is generally pre-operative preparation with an alpha- and beta-blocker and surgical resection.^{3,4}

Pheochromocytoma crisis

Pheochromocytoma crisis (PC) is a rare, life-threatening endocrine emergency in which a pheochromocytoma releases high levels of catecholamines.⁵ PC can be associated with high mortality rates.⁶

The clinical presentation of PC ranges from severe hypertension to circulatory failure and shock, with subsequent involvement of multiple organ systems, including the cardiovascular, pulmonary, neurological, gastrointestinal, renal, hepatic and metabolic systems.⁶ PC can therefore be difficult to diagnose if the patient is not already known to have a pheochromocytoma, as it may mimic other life-threatening conditions.⁵

Management includes initial medical stabilisation of the acute crisis followed by sufficient alpha blockade before surgery.

PC can occur spontaneously or be triggered by tumour resection, trauma, certain medicines (eg, corticosteroids, beta-blockers, metoclopramide, anaesthetic agents) or stress from nonadrenal surgery

References: MEDSAFE ([Click here](#))