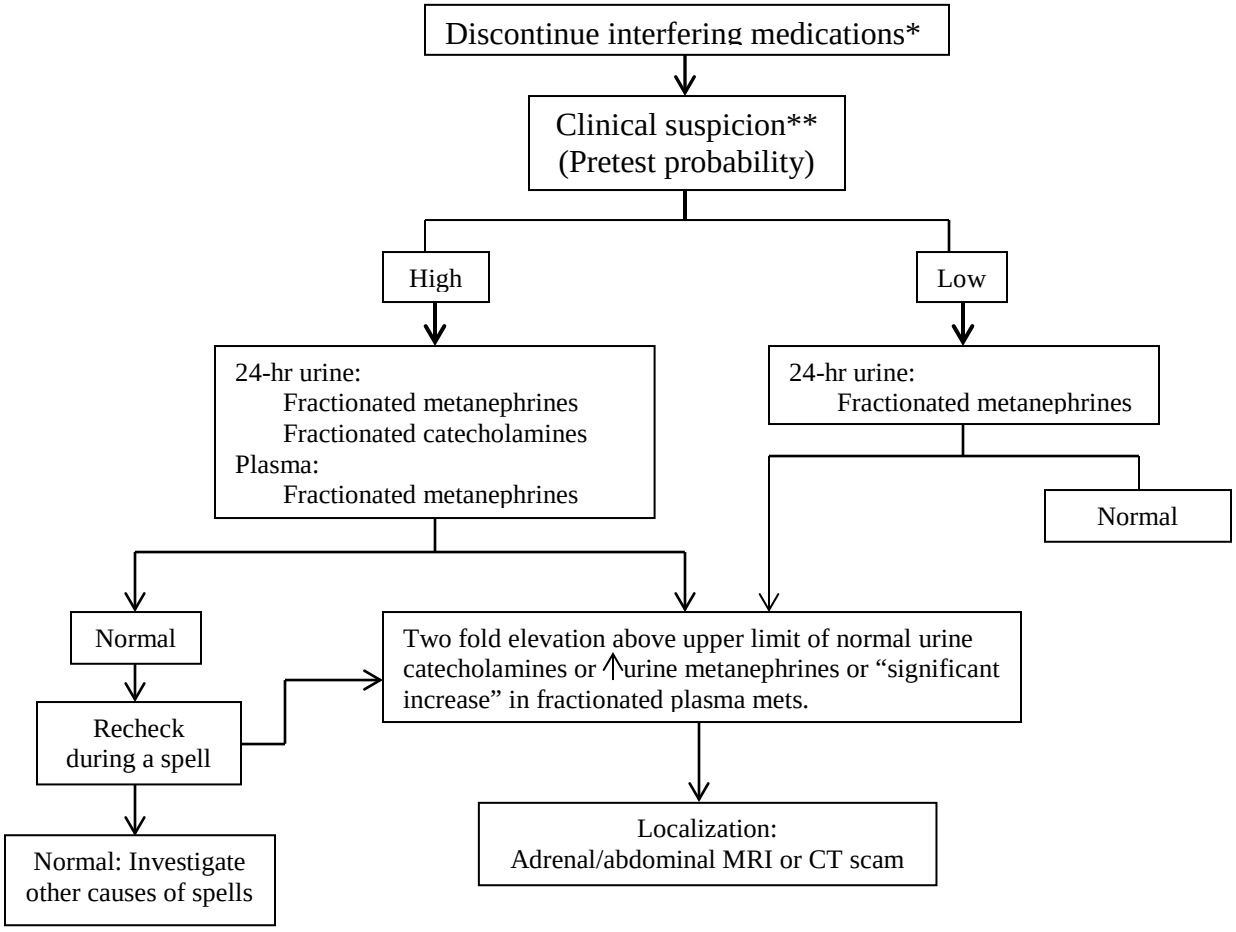
Marshfield Labs™
A division of Marshfield Clinic

Biochemical Evaluation and Diagnosis of Catecholamine-producing Tumors



* Medications that may increase measured levels of catecholamines and metanephrines: tricyclic antidepressants, levodopa, drugs containing adrenergic receptor agonists (e.g., decongestants), amphetamines, buspirone and most psychoactive agents, prochlorperazine, reserpine, withdrawal from clonidine and other drugs, ethanol, and acetaminophen.

**Clinical suspicion is triggered by paroxysmal symptoms (especially hypertension); hypertension that is intermittent, unusually labile, or resistant to treatment; family history of pheochromocytoma or associated conditions; or an incidentally discovered adrenal mass.

Reviewed by Joyce Flanagan, PhD. Clinical Chemist
March 28, 2014

References:

1. [Guideline] Chen H, Sippel RS, O'Dorisio MS, Vinik AI, Lloyd RV, Pacak K. The North American Neuroendocrine Tumor Society consensus guideline for the diagnosis and management of neuroendocrine tumors: pheochromocytoma, paraganglioma, and medullary thyroid cancer. *Pancreas*. Aug 2010;39(6):775-83.
2. www.uptodate.com: Clinical presentation and diagnosis of pheochomocytoma
3. Lenders JW, Pacak K, Walther M et al. Biochemical diagnosis of pheochromocytoma, which test is best? JAMA, Mar 2002;287(11):1427-1434

Reviewed by Joyce Flanagan, PhD. Clinical Chemist
March 28, 2014