

Hypertensive encephalopathy as the initial manifestation of Guillain-Barre syndrome in a 7-year-old girl

To the Editor

With reference to the interesting study by Aleyadhy and Hassan,¹ pheochromocytoma (PC) ought to be strongly suspected in their studied hypertensive patient with Guillain-Barré syndrome (GBS). Measurements of urinary catecholamine metabolites have been recommended as first line biochemical tests for diagnosis of PC, with optimum diagnostic sensitivity to be preferred over specificity.² However, it should be noted that urinary catecholamine excretion tends to be normal in hypertensive patients with GBS,³ but increased urinary normetadrenaline levels in a range consistent with PC can occur, and that might trigger diagnostic confusion with a dual pathology of GBS and PC.⁴ Aleyadhy and Hassan¹ did well in totally excluding PC based not only on normal levels of urinary catecholamine metabolites, but also on normal findings on abdominal CT and MRI examinations.

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Reply from the Author

We would like to express our thanks to Dr. Mahmood Al-Mendalawi for his valuable correspondence on our published case report entitled "Hypertensive encephalopathy as the initial manifestation of Guillain-Barré syndrome in a 7-year-old girl".¹

Our patient represented a real diagnostic dilemma presenting with hypertensive encephalopathy crisis, with a past medical history of recurrent painless hematuria that was the main cause for her current hospitalization. Our work up focused initially to rule out an underlying reno-vascular cause for the hypertensive encephalopathy crisis and extensive work up in this aspect showed unremarkable findings. Our diagnostic work up included PC that can present with intermittent

hypertension or persistent hypertension in 49-60%.^{5,6} Symptoms and signs can include hypertensive crisis, anxiety, and seizures.⁵ The biochemical diagnosis of PC depends on urinary metabolites of catecholamines. However, elevated urinary levels of catecholamines metabolite alone are non specific for PC diagnosis.⁷ Currently, measurement of plasma free metanephrine levels is considered the test of choice for diagnosis or excluding PC.^{8,9} Unfortunately, this test was not available to us for our patient, but PC was excluded based on the extensive MRI studies that were carried out.

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