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This paper by Neumann was perhaps the first screening study that clarified in screened VHL and MEN2 patients that only 5 of 36 patients had symptoms and only 8 hypertension (see third paragraph of results).

[**Pheochromocytomas**, multiple endocrine neoplasia type 2, and von Hippel-Lindau disease.](https://pubmed.ncbi.nlm.nih.gov/8105382/)

**Neumann HP**, Berger DP, Sigmund G, Blum U, Schmidt D, Parmer RJ, Volk B, Kirste G. N Engl J Med. 1993 Nov 18;329(21):1531-8. doi: 10.1056/NEJM199311183292103. PMID: 8105382

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Confirming work of Neumann, relatively low frequency of hypertension (18% and 40% in VHL and MEN2) and symptoms (30% and 60%) during screening for PPGL in patients with VHL and MEN2. Symptomatology in VHL vs MEN 2 patients & relationships to tumor size – and yes symptomatology is more frequent in MEN2 than VHL even when taking into account size

[Pheochromocytomas in von Hippel-Lindau syndrome and multiple endocrine neoplasia type 2 display distinct biochemical and clinical phenotypes.](https://pubmed.ncbi.nlm.nih.gov/11344198/)

Eisenhofer G, Walther MM, Huynh TT, Li ST, Bornstein SR, Vortmeyer A, **Mannelli M**, Goldstein DS, Linehan WM, Lenders JW, Pacak K. J Clin Endocrinol Metab. 2001 May;86(5):1999-2008. doi: 10.1210/jcem.86.5.7496. PMID: 11344198

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Paper reports also on hypertension and symptoms in patients with PPGLs in general – 24.5% of all patients normotensive.

[Pheochromocytoma in Italy: a multicentric retrospective study.](https://pubmed.ncbi.nlm.nih.gov/10601965/)

**Mannelli M**, Ianni L, Cilotti A, Conti A. Eur J Endocrinol. 1999 Dec;141(6):619-24. doi: 10.1530/eje.0.1410619. PMID: 10601965

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Realization that many patients with PPGLs can have normal BP

[Circumstances of discovery of phaeochromocytoma: a retrospective study of 41 consecutive patients.](https://pubmed.ncbi.nlm.nih.gov/15132724/)

**Baguet JP**, Hammer L, Mazzuco TL, Chabre O, Mallion JM, Sturm N, Chaffanjon P. Eur J Endocrinol. 2004 May;150(5):681-6. doi: 10.1530/eje.0.1500681. PMID: 15132724

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Relationships of epinephrine-producing tumors to paroxysmal hypertension and also cystic degeneration

[**Pheochromocytomas**: tendency to degenerate and cause paroxysmal hypertension.](https://pubmed.ncbi.nlm.nih.gov/8678972/)

Ito Y, **Obara T**, Yamashita T, Kanbe M, Iihara M. World J Surg. 1996 Sep;20(7):923-6; discussion 927. doi: 10.1007/s002689900140. PMID: 8678972

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Interesting match of circulating catecholamines with BP in patients with PPGls and hypertensive. – also blood volume and other aspects – discusses adrenoceptor down-regulation – reference on receptor down regaulation in pheo – covers how patients with pheo can be completely asymptomatic despite having high levels of catecholamines

[A reevaluation of the hemodynamics of **pheochromocytoma**.](https://pubmed.ncbi.nlm.nih.gov/2298468/)

**Bravo E**, Fouad-Tarazi F, Rossi G, Imamura M, Lin WW, Madkour MA, Wicker P, Cressman MD, Saragoca M. Hypertension. 1990 Feb;15(2 Suppl):I128-31. doi: 10.1161/01.hyp.15.2\_suppl.i128. PMID: 2298468

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some pretty interesting expts he ran, including infusing norepi into patients with pheo to assess adrenoceptor function – this paper is excellent for understanding all hemodynamic changes that may lead to silent PPGLs

[Mechanisms of orthostatic hypotension and tachycardia in patients with **pheochromocytoma**.](https://pubmed.ncbi.nlm.nih.gov/8862222/)

**Streeten DH**, Anderson GH Jr. Am J Hypertens. 1996 Aug;9(8):760-9. doi: 10.1016/0895-7061(96)00057-x. PMID: 8862222

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Also forgot about this paper, which indicated that pheo patients were characterized by tachycardia better than hypertension – as always we were just rediscovering the wheel in Geroulas paper.

[Haemodynamics in patients with phaeochromocytoma.](https://pubmed.ncbi.nlm.nih.gov/7389261/)

**Levenson JA**, Safar ME, London GM, Simon AC. Clin Sci (Lond). 1980 May;58(5):349-56. doi: 10.1042/cs0580349. PMID: 7389261

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This is a useful early paper to consider about EPI and NE secreting pheos in relation to sustained hypertension etc

[Symptoms of **pheochromocytoma**, with particular reference to headache, correlated with catecholamine production.](https://pubmed.ncbi.nlm.nih.gov/1259642/)

**Lance JW**, Hinterberger H. Arch Neurol. 1976 Apr;33(4):281-8. doi: 10.1001/archneur.1976.00500040065011. PMID: 1259642