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Title: Medullary cancer thyroid with neurogenic bladder and cholelithiasis- An unusual presentation of Men2b syndrome.

Background & Introduction: Apart from the pathognomic features (Medullary cancer thyroid and pheochromocytoma) of Men2b syndrome less known manifestations associated with this syndrome have rarely been described

Methods: We describe a case of Men2b syndrome that presented to us with complaints of neck swelling, neurogenic bladder and cholelithiasis

Results: A 25 year old male was referred to our institute with complaints of neurogenic bladder and anterior neck swelling. He gave history of pain in abdomen since 5 years for which he was evaluated and diagnosed to have neurogenic bladder. Since then he was advised intermittent daily self catheterization at regular intervals. On clinical examination he had marfanoid habitus, extreme flexibility of fingers and upper limbs, neuromas over conjunctiva, anterior tongue, vocal cords and thyroid swelling. FNAC of thyroid swelling revealed features of Medullary carcinoma thyroid with serum Calcitonin levels 1248 pg/ml. MRI abdomen revealed left adrenal mass with raised urinary free metanephrines (confirming pheochromocytoma), cholelithiasis and dural ectasia with large distended urinary bladder and bilateral hydronephrosis. Patient was first posted for pheochromocytoma with cholecystectomy and 2 weeks later for total thyroidectomy with functional neck dissection. Final histopathology confirmed diagnosis of medullary carcinoma and pheochromocytoma with neuromas in gallbladder. Patient has been on regular follow up since a year and is disease free. Patient is also being treated for neurogenic bladder and is currently having acceptable renal parameters.

Conclusions: Patients with Men2b syndrome can harbor microscopic neuromas in gallbladder which can lead to early cholelithiasis. Also marfanoid habitus can result in dural ectasia which can lead to neurological problems such as neurogenic bladder which may go completely unrecognised in these patients and hence should always be part of complete clinical workup.