

PREFACE

Parangliomas and pheochromocytomas are highly interesting tumors that still represent a diagnostic and therapeutic challenge. Their organization is to a remarkable extent akin to that of the normal tissues of origin, that is, the paraganglia and the adrenal medulla. In fact, in some cases, their pathological effects are mediated by the uncontrolled release of physiological products of the paragangliar system, that is, catecholamines. Thus, parangliomas and pheochromocytomas may present clinically with hypertension, tachycardia, hyperglycemia, and gastrointestinal effects. Prevention of the potentially life-threatening complications of excessive catecholamine release is therefore of primary relevance. An additional challenge of parangliomas, and of some pheochromocytomas, is their unpredictable behavior. Mostly, these are slow-growing tumors that remain confined to the site of origin; however, they tend to relentlessly infiltrate into the adjacent tissues, a process that may complicate surgical resection, particularly for those parangliomas that infiltrate the anatomically complex region of the skull base. Furthermore, for poorly understood reasons, an unpredictable minority of parangliomas and pheochromocytomas exhibits metastatic capacity. The problem with these metastatic tumors, and with those that cannot be radically removed with surgery, is that systemic therapies are largely ineffective, while the efficacy of radiotherapy is still debated.

In the last two decades, exciting progress has been made in the field of paranglioma and pheochromocytoma genetics. Several hereditary paranglioma syndromes have been defined, and, although no new therapies have been developed based on these new data, it is now possible to identify, with some degree of reliability, subsets of patients that are at risk of more aggressive tumor behavior. In any case, treatment of paranglioma and pheochromocytoma requires specialized knowledge and solid experience, which, given the rarity of these diseases, is available only in highly specialized centers.

This book includes specific chapters written by experts from several countries that deal with relevant aspects of paranglioma and pheochromocytoma diagnosis and therapy. Chapter 1 addresses the genetic findings that are most relevant to diagnosis and management, chapter 2 deals with the biochemical diagnosis, chapter 3 with imaging, chapter 4 with the surgical and pharmacological management, mainly of trunk paranglioma and pheochromocytoma, chapters 5 and 6 with the histopathological, genetic, and clinical characteristics of carotid body, and vagal and tympano-jugular parangliomas.

We hope that these chapters will provide the reader an useful insight into important aspects of state-of-the-art diagnosis, management and treatment of paragangliomas and pheochromocytomas.

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