



12/14/25 Morning Report with @CPSolvers

“One life, so many dreams” Case Presenter: Bahae Case Discussants: Anmol (@anugrewal19) & Kirtan (@KirtanPatolia)
<https://clinicalproblemsolving.com/present-a-case/>



Scribing (Evan)
CC: 27 year old medical student who presents with sudden recurrent panic attacks
HPI: Recently feels like going to die and feels heart beating in R ear, gets better on sitting and bringing knees close to chest. Recently noticed that consuming watermelon triggers attacks.
 Has scheduled procedure for vascular mass behind R ear tympanic membrane. Worse at night.
 Stopping watermelon decreased frequency of symptoms
ROS: +tinnitus

PMH: none
HTN
Meds: none

Fam Hx: none
Social Hx: -
Health-Related Behaviors: -
Allergies: none

Vitals: T: nl HR: nl BP: 160/89 RR: nl Sat: nl
Exam: Gen: wnl
HEENT: otoscopy of R ear, rounded reddish purple mass behind tympanic membrane, blanching on pressure
CV: wnl
Pulm: wnl
Abd: wnl
Neuro: wnl
Extremities/skin: wnl

Notable Labs & Imaging:
Chemistry:
 Metanephrine: 90
Imaging:
 EKG: Previous ECGs have been normal.
 MRI: 1.8 cm enhancing mass within R jugular bulb extending to middle ear.
 CT Abd/Pelvis: Positive for adrenal mass
Dx: Jugular paraganglioma with pheochromocytoma

Problem Representation: 27 yo medical student with recurrent panic attacks and tinnitus. Otoscopy and MRI revealed mass behind R ear TM. Also having paroxysmal sympathetic episodes. Final CT imaging revealed pheochromocytoma and a jugular paraganglioma in the ear.

Teaching Points (Eyron)
Panic attack? - define it
 -Sx could present as sensation of doom vs. syncope vs. palpitations/sweating and perceived as anxiety/panic
 -Recurrence of episodes could suggest abnormal electric abnormalities: arrhythmia vs. epilepsy vs. migraine
 -Rule out all other organic causes before dx with panic attack!!!
Sympathetic stimulation - endogenous vs. exogenous
Exogenous - toxins, drugs
Endogenous - hypoxia, hypercarbia, sudden onset anemia, hypoglycemia
 Absence of endogenous and exogenous w/o triggers - think of tumors secreting vasoactive substances
Knee Chest Position
 -Increases both preload and afterload
 -Anaphylaxis to watermelon - would not be relieved with positional changes as seen here
 -Improved sx with knee chest position can suggest issue with the LVOT (ex: HOCM)
Watermelon! 🍉
 -Recall bias can play a big part in hx - pts may associate their symptoms with something they have done recently
 -Added ingredients or substances (sympathomimetics) from the watermelon could be causing sx
 -Pre-cut watermelon contains bacteria that have **tyrosine decarboxylase** - can increase **tyramine** and exacerbate sympathetic stimulation from pheochromocytoma
Vascular Ear Mass Ddx:
 Functional vs. non-functional? - urine and serum metanephrines
Persistent stapedial artery - stapedial artery should regress with age - persistence of vasculature would interfere with sound transmission
High-riding/elevated jugular bulb - causes pulsations in that area and tinnitus
Glomus tumor (conglomerate of blood vessels)
Carotid AV fistula - audible humming noise in the ear (congenital or secondary to trauma)
Paraganglioma - could tie in paroxysmal sympathetic discharge causing sx
 -Parasympathetic and sympathetic chain travel within the jugular bulb so can present here