**SHORT PR: IT IS NOT ALWAYS WOLFF-PARKINSON-WHITE SYNDROME**

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A 29 year old female without past medical history presented with new onset psychosis and hallucinations. She was not taking any medications and denied toxic habits. Her family history was unrevealing. On admission she was hypertensive to 170/120mmHg, tachycardic to 120 beats per minute and was complaining of palpitations. Her ECG revealed sinus tachycardia and short PR interval (85msec) without delta waves. Blood work was unremarkable and a urine toxicology test was negative. Work up for secondary causes of hypertension revealed a 3.8cm mass arising from the right adrenal gland compressing the right renal arter Urine and plasma metanephrines were highly positive. The patient was started on phenoxybenzamine and calcium channel blockers and underwent adrenalectomy. Resection of the pheochromocytoma resulted in resolution of her symptoms. On repeat electrocardiogram post discharge the patient had a normal PR interval. Lown Ganong Levine Syndrome is characterized by a PR interval of no more than 120 msec, a normal QRS duration and paroxysmal supraventricular tachycardia without evidence of atrial fibrillation or flutter. It has been associated with endocrinopathies such as hyperthyroidism–but not pheochromocytoma-and other conditions such as chronic lung disease and glycogen storage disease. Current EP studies suggest that these patients have rather an enhanced AV nodal conduction and its diagnosis does not confer an increased risk of sudden cardiac death. After resection of the tumor PR returned to normal indicating normalization of AV conduction time and confirming the role of catecholamines in the pathogenesis of the syndrome.