

Abstract for Clinical Update (Society of Endocrinology) 2007

Workshop Category: Disorders of parathyroid glands, Ca metabolism and bone.

Title: A Challenging Pregnancy

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This 43-year-old lady was 32 weeks pregnant when she was admitted by the obstetric team with pre-eclampsia. She had a week's history of headaches and was hypertensive at 156/90. Labetalol was commenced.

On routine blood tests, she was found to be hypercalcaemic (Corrected Calcium 3.78mmol/l) with low magnesium 0.56mmol/l and low normal phosphate at 0.84mmol/l. Hb was 88g/dL, Creatinine 139, eGFR 39ml/min and random glucose was 5.9mmol/l. A 24-hour urine collection showed proteinuria 2.5g/day, hypercalcuria 24mmol/day and a volume of 3.7l/day.

Serum parathyroid hormone was elevated at 125pmol/l (normal range 0.5-4.4), consistent with primary hyperparathyroidism. Ultrasound scan of the neck revealed a 3.5cm solid neck mass, consistent with a parathyroid adenoma.

She was given 3 litres of 0.9% saline per day and despite 48 hours of this, corrected calcium was 3.88. Bisphosphonates and frusemide are contraindicated in pregnancy. After discussions at the multi-disciplinary team meeting, she underwent an open-neck exploration and parathyroidectomy with intra-operative PTH measurement. This dropped from 142 to 24 pmol/l at 30mins post-excision. She was monitored on high-dependancy post-operatively, requiring some iv calcium and magnesium replacements. PTH on day 1 post-op was 1.1.

However, she developed increasing hypertension, proteinuria and worsening renal function. She underwent an emergency Caesarian section and delivered a 3.2kg girl at 34 weeks. Baby had initial Ca supplements with no complications of hypocalcaemia. Baby's PTH was 1.8pmol/l. Mum required oral calcium and alphacalcidol supplements. PTH 3-weeks post-op was 8.6pmol/l, corrected calcium 1.8mmol/l. Histology confirmed a parathyroid adenoma.

In summary, this lady presented a challenging case of managing primary hyperparathyroidism in the 3rd trimester of pregnancy.