

Acute Severe Hypercalcaemia Due to Parathyroid Carcinoma Presenting Twelve Years After Resection of Mediastinal Parathyroid Adenoma

David Hill, SpR in Diabetes and Endocrinology, Western Infirmary Glasgow
Alistair Mclellan, Consultant Endocrinologist, Western Infirmary Glasgow

(Disorders of the parathyroid glands, calcium metabolism and bone)

We present the case of a forty-six year old man who presented to acute medical receiving of his local district general hospital with acute renal failure and severe hypercalcaemia (serum calcium 5.17mmol/L).

The only past medical history he gave was of hypertension and that of having been discharged from follow up after thyroid surgery many years ago.

He was systemically unwell with hypotension and pyrexia and had a fullness or mass beneath the scar from his previous "thyroid" surgery. Both he and his wife were adamant had been present and unchanged for many years.

He required admission to the intensive care unit (ITU) and his hypercalcaemia proved refractory to treatment with intravenous saline, pamidronate, steroids and frusemide.

His parathyroid hormone level from admission became available the following day and was extremely high at 191pmol/L.

It subsequently became apparent from his case notes that he had actually had a mediastinal parathyroid adenoma removed twelve years previously for primary hyperparathyroidism and had defaulted from follow up.

He was transferred to the ITU in the nearest teaching hospital with full endocrinology, endocrine surgery and endocrine oncology teams available. After haemofiltration and further difficulty in lowering the serum calcium he underwent parathyroidectomy.

Histology revealed locally invasive parathyroid carcinoma.

He had an extremely difficult postoperative period. He developed pneumonia, suffered a stroke and died two months after first being admitted to hospital.