PP-B-03

FAHR'S SYNDROME DUE TO IDIOPATHIC HYPOPARATHYROIDISM WITH VITAMIN D DEFICIENCY, HYPOMAGNESEMIA, AND PRIMARY HYPOTHYROIDISM

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CASE
Fahr's syndrome due to hypoparathyroidism is a rare condition with a prevalence of 23-37 cases per 100,000 people per year.

A 63-year-old Indonesian female had frequent seizures, hallucinations, depression, and dementia. Peripheral blood, liver and kidney function, and blood glucose were normal. Hypocalcemia and hypothyroidism were observed. Head CT scan revealed intracerebral calcifications. The serum magnesium level was decreased while serum calcium levels were always low despite repeated corrections. She was later diagnosed with vitamin D deficiency and hypoparathyroidism. We gave CaCO3, calcitriol, vitamin D3, levothyroxine, haloperidol, and phenytoin. She was then deemed stable for outpatient care.

Almost 73.8% of hypoparathyroid patients have basal ganglia calcifications, while two cohort studies in America and India reported 52-74%. Therapy aims to achieve serum calcium at the low-normal range to reduce symptoms and prevent the worsening of brain calcification. PTH replacement therapy is indicated for our patient but we provided conventional therapy with monitoring of hypercalciuria every 6 months.

It is important to find the etiology of Fahr's syndrome and prevent complications due to therapy.

KEYWORDS
Fahr's syndrome, hypoparathyroidism, hypocalcemia, intracerebral-calcification

PP-B-04

PRIMARY HYPERPARATHYROIDISM AND ITS DIFFERENT MANIFESTATIONS: A CASE SERIES AND LITERATURE REVIEW

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CASE
Primary hyperparathyroidism is an uncommon endocrine disorder occurring in 0.21 per 1000 people per year, usually diagnosed through an incidental elevation of serum calcium on routine laboratory workup. We report 3 cases of primary hyperparathyroidism in the Philippines and discuss the similarities and differences in their presentations, laboratory findings, and clinical course, 2 of whom underwent parathyroidectomy in St. Luke's Medical Center - Global City. These 3 cases come from different age groups, 2 female and 1 male, all presenting with different clinical symptoms prior to establishing the diagnosis. Two of these patients had their adenomas localized using 99mTc-sestamibi scanning, with the other patient through ultrasonography. Primary hyperparathyroidism remains an uncommon endocrine disorder and should be entertained when clinical symptoms can be related to an increase in serum calcium in any age group. This case series will add to the pool of data lacking in the Southeast Asian population.

KEYWORDS
hyperparathyroidism, parathyroid adenoma, parathyroidectomy, calcium, parathyroid hormone