

RESULTS

Of the total of 101 patients screened from various departments, including endocrinology, rheumatology, orthopaedics and gynaecology, 20 patients (19.8%) with osteoporotic fractures were not screened for Vitamin D deficiency. Among the 81 screened patients, 54.3% were Vitamin D deficient, of which 2.4% were severely deficient. Furthermore, 77.2% of patients were found to have initiated osteoporosis treatment beyond two weeks after the fracture.

CONCLUSION

This study showed most patients were screened for Vitamin D deficiency, but its high prevalence should be considered. The study also shows that osteoporosis treatment was initiated beyond two weeks post fracture in majority of our patients.

EP_A083**SEVERE REFRACTORY HYPERCALCEMIA DUE TO ECTOPIC PARATHYROID LEADING TO MORTALITY**

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INTRODUCTION/BACKGROUND

Hypercalcemia can manifest in a nonspecific manner, with vague symptoms which can be easily missed. Most cases of severe hypercalcemia are due to primary hyperparathyroidism or malignancy-related hypercalcemia, which is discernible by parathyroid hormone levels. We describe a case of severe refractory hypercalcemia attributed to ectopic parathyroid, which led to multiple morbidities and eventually mortality.

CASE

A 61-year-old male, with known hypertension and chronic kidney disease Stage III, presented with abdominal discomfort, loss of appetite, nausea and vomiting for 2 weeks duration. On examination, he was dehydrated, obese and hypertensive. Laboratory investigations showed markedly raised serum corrected calcium level of 5.17 mmol/L, low serum phosphate 0.63 mmol/L and iPTH of 35.39 pmol/L [NR 1.95-8.49]. Other investigations: Hb 15.6 g/dL, creatinine 303 umol/L, eGFR 18 ml/min/1.73 m² and urea 5.7 mmol/L. Tumour markers CA 19-9, CA 125, AFP and CEA were normal. Paraneoplastic markers were negative. Neck ultrasound did not reveal any parathyroid lesion however, computed topography of the neck-thorax-abdomen-pelvis, revealed a well-defined hypodense soft tissue lesion at the superior mediastinum, inferior

to the left inferior thyroid border, measuring 2.1 x 2.6 x 3.6 cm which may represent an ectopic parathyroid gland. Severe refractory hypercalcemia was treated with vigorous intravenous saline hydration, subcutaneous calcitonin, intravenous bisphosphonates and subcutaneous denosumab. His admission was prolonged and complicated with septicaemia requiring intubation and intensive care. The patient passed away after three weeks of admission.

CONCLUSION

This case demonstrates that severe and refractory hypercalcemia attributed to an ectopic parathyroid lesion may present late due to vague initial symptoms. Admission due to severe hypercalcemia require multiple modalities of treatment, may be prolonged and carries a high risk of mortality before definitive treatment with parathyroidectomy.

EP_A084**ENDOMETRIOSIS-TRANSFORMED UTERINE CLEAR CELL CARCINOMA WITH ASYMPTOMATIC PTHrP MEDIATED HYPERCALCEMIA: A CASE REPORT**

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INTRODUCTION/BACKGROUND

Hypercalcemia is a well-recognized complication of various solid tumours and hematologic malignancies. Clear cell carcinoma arising from the malignant transformation of endometriosis is a rare and typically aggressive cancer which occasionally presents only with hypercalcemia.

In this report, we describe a case of parathyroid hormone-related protein (PTHrP) hypercalcemia secondary to endometrial clear cell carcinoma including the results of biochemical laboratory tests and discuss treatment strategies with related literature reviews.

CASE

A 50-year-old female with endometriosis was incidentally found to have mild hypercalcemia during hospitalization for SAR COV (COVID-19) infection. Parathyroid hormone (iPTH) was suppressed, while PTHrP was significantly elevated at 30 pmol/L (<1.3 pmol/L). A comprehensive investigation for malignancy was done, which revealed no abnormalities except for the progressive enlargement of her underlying endometriosis. An extended hysterectomy was performed, and subsequent histological examination confirmed the presence of endometrial clear cell carcinoma. Post-surgery, her serum calcium level went back to normal levels.