CONCLUSION
Parathyroid apoplexy resulting in resolution of PHPT is uncommon and the best management approach (surgery or conservative) remains uncertain. As recurrence have been reported, long term monitoring is essential for patients managed conservatively.

EP_A097

A CASE OF PRIMARY HYPERPARATHYROIDISM COEXISTING WITH MONOCLONAL GAMMOPATHY OF UNDETERMINED SIGNIFICANCE (MGUS)

https://doi.org/10.15605/jafes.039.S1.108

Lim Fang Chan,[1] Tee Hwee Ching,[2] Tan Jia Miao,[1] Siti Nabihah Mohamed Hatta[1]
[1]*Department of Internal Medicine, Hospital Tawau, Sabah, Malaysia*
[2]*Endocrinology Unit, Department of Internal Medicine, Hospital Queen Elizabeth II, Kota Kinabalu, Sabah, Malaysia*

INTRODUCTION/BACKGROUND
Hypercalcemia is a relatively common clinical problem in hospitalized patients. Primary hyperparathyroidism and plasma cell dyscrasias such as multiple myeloma and monoclonal gammopathy of undetermined significance (MGUS) are known to be the most common causes of hypercalcemia. Although the occurrence of these disorders in one patient has been reported previously, it is still believed to be a rare phenomenon. We report a case of hypercalcemia, resulting from coexistent primary hyperparathyroidism and MGUS.

CASE
A 45-year-old female with no previous medical illness was admitted for symptomatic hypercalcemia. A review of symptoms during admission was significant for constipation, nausea, anorexia, polyuria and thirst. Initial blood investigations showed hypercalcemia (corrected calcium 4.43 mmol/L), renal impairment (creatinine 154 mmol/L) and anaemia (haemoglobin 9 g/dL). Hypercalcemia was managed with intravenous hydration, bisphosphonates and furosemide. Subsequent tests include elevated intact parathyroid hormone (820.4 pg/ml) and an elevated 24-hour urinary calcium/creatinine clearance ratio of 0.07, suggestive of primary hyperparathyroidism. This was further supported by the finding of a right parathyroid adenoma on neck ultrasound.

Due to an abnormal albumin/globulin ratio of 0.89, serum protein electrophoresis was also done which revealed IgG lambda paraproteinemia. The skeletal survey and bone scan were normal. Bone marrow and trephine biopsy showed the presence of clonal plasma cells at less than 10 percent, which confirmed the diagnosis of MGUS. The patient is currently under multidisciplinary care in endocrinology and haematology subspecialties. Sestamibi parathyroid scan has been arranged for preoperative localization. She is also being monitored closely for progression to multiple myeloma.

CONCLUSION
This case gives significant insights into potential concomitant causes of hypercalcemia. A high index of suspicion and a systematic approach to performing relevant screening tests are essential, as earlier diagnosis leads to improved clinical outcomes.

EP_A098

REVEALING THE HIDDEN MASK: A CASE ON PRIMARY HYPERPARATHYROIDISM MIMICKING PREGNANCY SYMPTOMS

https://doi.org/10.15605/jafes.039.S1.109

Hamzah Hamizah, Yi Jiang Chua, Syahrizan Samsuddin
Endocrinology Unit, Department of Internal Medicine, Hospital Sultan Idris Shah, Serdang, Malaysia

INTRODUCTION/BACKGROUND
Parathyroid adenoma in pregnancy is uncommon, posing diagnostic and treatment challenges. We report a case of primary hyperparathyroidism (PHPT) due to a parathyroid adenoma successfully treated with surgery during pregnancy.

CASE
A 20-year-old female, gravida 2 para 0+1, presented with vomiting since the fourth week of pregnancy. She also reported experiencing left shoulder pain, abdominal discomfort, polyuria, nocturia, and constipation. Initially diagnosed with hyperemesis gravidarum, further investigation revealed hypercalcemia with a serum calcium level of 3.66 mmol/L, phosphate level of 0.7 mmol/L, and markedly elevated intact parathyroid hormone (iPTH) at 15.53 pmol/L (normal value: 1.6-6.9 pmol/L). Despite attempts to lower calcium levels through hydration and diuresis with furosemide, her serum calcium remained elevated at 3.14 mmol/L. She received six doses of subcutaneous calcitonin due to persistent hypercalcemia, resulting in a reduction of calcium to 2.83 mmol/L. Ultrasonography of the neck detected a left superior parathyroid adenoma. At 25 weeks of gestation, she underwent a successful left superior parathyroidectomy with intraoperative parathyroid hormone monitoring, resulting in positive outcomes for both mother and baby.