POSTER PRESENTATIONS

BONE

PP-B-01

PRIMARY HYPERPARATHYROIDISM PRESENTING AS ACUTE PANCREATITIS: AN INSTITUTIONAL EXPERIENCE

https://doi.org/10.15605/jafes.037.AFES.32

Jayaprakash Sahoo, K.G. Rashmi, Sadishkumar Kamalanathan, Dukhabandhu Naik, Pazhanivel Mohan, Biju Pottakkat
JIPMER, Puducherry, India

OBJECTIVES
To determine the clinical, biochemical and radiological profile of patients with primary hyperparathyroidism (PHPT) presenting as acute pancreatitis (AP).

METHODOLOGY
This is a retrospective observational study that has been approved by the institute's ethical committee. This study included 51 patients diagnosed with PHPT admitted at a tertiary care hospital in Puducherry, India between January 2010 and October 2021, who initially presented as AP. The diagnosis of AP was confirmed if two of the three following features were present: abdominal pain, levels of serum amylase or lipase greater than three times the normal and characteristic features on abdominal imaging.

RESULTS
Of the 51 patients with PHPT, twelve (23.52%) had pancreatitis- five (9.80%) were acute while seven (13.72%) were chronic. Compared to those without pancreatitis (PHPT-NP), most of those with AP were male, younger (35.20 + 16.11 vs 49.23 + 14.80 years, P=0.05) and had lower intact parathyroid hormone levels (125 vs 519.80, P=0.01). The mean serum calcium levels were similar in both PHPT-AP and PHPT-NP groups (11.66 mg/dL vs 12.46mg/dL, P=0.32). Patients with PHPT-AP presented more frequently with gastrointestinal symptoms like abdominal pain, nausea and vomiting than skeletal and renal manifestations.

CONCLUSION
This study has shown that AP may be the only presenting feature of PHPT. Acute pancreatitis on the background of elevated serum calcium levels should alert physicians to investigate on endocrine causes of hypercalcemia such as PHPT.

PP-B-02

SPONTANEOUS RESOLUTION OF PRIMARY HYPERPARATHYROIDISM AFTER BIOPSY-RELATED NECK HEMATOMA

https://doi.org/10.15605/jafes.037.AFES.33

Herng Pin Yam, Chin Voon Tong, Siow Ping Lee
Hospital Melaka, Melaka Tengah, Malaysia

BACKGROUND
Surgical excision of the abnormal parathyroid gland remains the mainstay of treatment for primary hyperparathyroidism. We report a case of spontaneous resolution of primary hyperparathyroidism following a neck hematoma that developed post-biopsy of a thyroid nodule.

CASE
A 75-year-old male initially consulted with a urologist due to hematuria secondary to a left ureteric calculus. He was then found to have parathyroid-related hypercalcemia with a serum calcium of 3.10 mmol/L (2.18-2.60 mmol/L) and intact parathyroid hormone (iPTH) of 6.25 pmol/L (1.58-6.03 pmol/L). Serum total 25-hydroxyvitamin D was 67.19 nmol/L (76-250 nmol/L) for which cholecalciferol was initiated. Urinary calcium/creatinine ratio of 0.02 excluded familial hypocalciuric hypercalcemia. Imaging studies including neck ultrasound, computed tomography scan of the neck and thorax and Sestamibi parathyroid scan failed to localize the culprit lesion. He was then referred to a surgeon for exploratory parathyroidectomy. Before surgery, fine needle aspiration cytology (FNAC) of a cold thyroid nodule on the right was done which resulted in formation of a large neck hematoma. To our surprise, his calcium level started to normalise along with the resolution of the hematoma one month after the procedure. Follow-up laboratory data revealed normal calcium and PTH levels at 2.28 mmol/L and 3.87 pmol/L, respectively.

Parathyroid apoplexy leading to spontaneous resolution of hyperparathyroidism is rare but has been reported. This may explain spontaneous remission of primary hyperparathyroidism in the patient probably secondary to the hematoma postbiopsy. However, because adenoma recurrence is common, he is being closely monitored.

CONCLUSION
Large neck hematomas leading to parathyroid apoplexy may cause spontaneous resolution of hyperparathyroidism.