



PP-B-08

HYPERCALCEMIC HYPERPARATHYROIDISM WITH UNIDENTIFIABLE PARATHYROID ADENOMA: THE LIMITATIONS OF IMAGING MODALITIES

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Nidhi Joshi

D Y Patil Medical College, Kolhapur, India

BACKGROUND

Symptomatic hyperparathyroidism is often missed. After confirming autonomous hyperparathyroidism, identification of a single culprit gland is impeded by limitations in imaging modalities. Although the culprit gland has been identified as the adenoma, recurrence in the remaining glands is also worrisome.

CASE

We present a case of a female diagnosed with autoimmune hypothyroidism with proximal muscle weakness who self-medicated with NSAIDs and homeopathic tablets. Laboratory examinations revealed persistently elevated serum calcium with low phosphorus despite discontinuation of the above medications. Normalization of TSH with thyroxine has been achieved within 6 weeks. Hypercalcemia was attributed to autonomous hyperparathyroidism. Initial imaging did not reveal any nodule in the neck nor an uptake in nuclear imaging. Originally, a parathyroidectomy with autotransplantation of half a normal parathyroid into the sternocleidomastoid muscle was planned, however, the patient refused any surgical intervention. Instead, she was started on medical therapy with cinacalcet. Following a year of therapy, due to the cost of cinacalcet in India, the family opted for surgery.

A pre-operative computed tomography scan of the neck revealed a nodule in the right paratracheal region. Total parathyroidectomy with autotransplantation of half of the normal gland was done.

CONCLUSION

In India, fortifying food with vitamin D is not done. Nutritional deficiencies may contribute to the development of secondary hyperparathyroidism and tertiary hyperparathyroidism if untreated. In the management of these conditions, the role of total parathyroidectomy and autotransplantation cannot be discounted.

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EVALUATION OF FRACTURE RISK AMONG TYPE 2 DIABETES PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION RECEIVING DIFFERENT ORAL ANTICOAGULANTS

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David Lui, Eric Tang, Karen Lam, Carlos Wong

The University of Hong Kong, Hong Kong SAR, China

OBJECTIVES

Patients with type 2 diabetes are at higher fracture risk owing to the attenuated bone turnover and impaired bone microarchitecture. The comparative effect of warfarin over non-vitamin K antagonist oral anticoagulants (NOACs) on incident fractures among patients with type 2 diabetes with atrial fibrillation (AF) remains to be elucidated.

METHODOLOGY

This was a retrospective propensity-score weighted population-based cohort study of adults with type 2 diabetes and AF who were started on warfarin or NOAC between 2005 and 2019, identified from the electronic database of the Hong Kong Hospital Authority. The primary outcome was a composite of major osteoporotic fractures (hip, clinical vertebral, proximal humerus and wrist). Hazard ratios (HR) were calculated using Cox proportional hazard regression models.

RESULTS

This study included 15,770 patients with type 2 diabetes and AF (9,288 on NOAC and 6,482 on warfarin). During a median follow-up of 20 months, 551 patients (3.5%) sustained major osteoporotic fractures (201 in the NOAC group [2.2%]; 350 in the warfarin group [5.4%]). The adjusted cumulative incidence was lower among NOAC users than warfarin users (HR 0.80, 95% CI 0.64-0.99, $p=0.044$). Sub-group analyses showed consistent protective effects against major osteoporotic fractures among NOAC users across sex, age, HbA1c, duration of diabetes and history of severe hypoglycemia, compared with warfarin users.

CONCLUSION

Among patients with type 2 diabetes and AF, treatment with NOAC was associated with a lower risk of major osteoporotic fractures than warfarin. NOAC may be the preferred anticoagulant from the perspective of bone health.