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The chameleon - primary hyperparathyroidism: Still a diagnostic challenge

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Introduction: Primary hyperparathyroidism is a common endocrine disorder.

Symptoms at onset are often non-specific, thus the diagnosis tends to be overlooked.

Objective: To highlight varying modes of presentation in primary hyperparathyroidism, the need for early recognition and treatment to prevent complications.

Case Presentation: A 51-year old woman presented with complaints of back and lower limb pains of 7-year duration. She also has paresthesia in both feet and polyuria. She has history of compressive myelopathy and nephrolithiasis 3 and 6 years ago respectively. She had spine surgery and lithotripsy done in the Middle East, without pain resolution. Patient was eventually referred to the Endocrinologist following biopsy findings of extensive osteoclastic bone resorption. Elevated blood pressure was found on examination. Investigations—serum calcium 3.72 mmol/l (2.10–2.55), parathyroid hormone 1941 pg/ml (15–65), low Vitamin D 11 ng/ml, parathyroid nodule on Magnetic Resonance Imaging and nephrolithiasis on ultrasound scan. Dual Energy X-ray absorptiometry showed T-score of -12. Diagnosis of primary hyperparathyroidism complicated by severe osteoporosis and nephrolithiasis was made. She is presently on Tabs Alendronate, with clinical improvement, and being planned for parathyroidectomy.

Discussion: Primary hyperparathyroidism is a disorder characterized by overproduction of parathyroid hormone resulting in abnormal calcium homeostasis. Parathyroid adenomas are the most common cause, as in this patient. Most patients are asymptomatic, others present with a myriad of symptoms. Nephrolithiasis, osteoporosis are common complications, identified as separate entities in this patient. Diagnosis is based on elevated serum parathyroid ±calcium. Definitive treatment is surgery. Without clear indications for surgery, regular monitoring for, and treatment of complications should be done.

Conclusion: Holistic evaluation of patients' clinical clues and symptoms facilitates early diagnosis. This limits complications, improving outcomes and quality of life in patients.

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