

# HYPERPARATHYROIDISM PRIMARIA AND PATHOLOGICAL FRACTURES, A WOMAN WITH ADVANCED DISEASE - CASE REPORT

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Medicus 2022, Vol. 27 (2): 241-245

## ABSTRACT

Hyperparathyroidism can be primary or secondary, depending on the reason for its occurrence. In our study, the pathological onset is on the parathyroid gland, with hypersecretion of its hormone, the parathormone (PTH). In our report case, a 44-year-old woman presented with primary hyperparathyroidism, an adenoma of the parathyroid gland with hormone hypersecretion. The main reason for hospitalization were the multiple bone fractures on her extremities.

Key words: Hyperparathyroidism primaria, Pathological fractures

## INTRODUCTION

Primary hyperparathyroidism occurs because of increased and uncontrolled secretion of parathyroid gland caused by hyperfunction of one or more parathyroid glands. The cause may be an adenoma, hyperplasia, and rarely carcinoma (in 1-2% of cases). Frequency of these cases is 1/1000, and the female/male ratio is 3:2.

The main signs are hypercalcemia caused by increased bone resorption of calcium, decreased urinary elimination of calcium and increased absorption of calcium in intestines. These patients have also calciuria with increased possibility of urolithiasis, polyuria because of osmotic diuresis that leads to dehydration and weight loss. The resorption of phosphates in kidneys is decreased, and that results are hypophosphatemia and hyperphosphaturia. Primary hyperparathyroidism was a symptomatic disorder in which kidney stones and bone disease were common. Clinically, most primary hyperparathyroidism patients are asymptomatic, but some nonspecific symptoms secondary to high calcium levels are notable; these include fatigue, joint aches, weakness, mild depression, and difficulty concentrating.

## CASE PRESENTATION

Female patient, 44 years old, with diagnosis of 'Fractura colli femoris dextri pp hyperparathyroidismus' was hospitalized at University Clinic of Orthopedics-Skopje. But because of high value of PTH(223 pg/L) was transferred at University Clinic of Endocrinology, diabetology and metabolic diseases-Skopje, for further investigations.

During first hospitalization in 04-12.11.2013 she was presenting with profuse vomiting, hip pain and dysuria. The patient history shows us that she had several spontaneous fractures before hospitalization at Clinic of Orthopedic in Skopje in June 2012. She has had fractura supratrochanterica femoris dextri, f-ra tibiae et fibulae dex.(fig.1), f-ra tibiae sin. partis distalis, osteolysis multifocalis, st. post. Amputationem brachii (humeri) sinistri (fig. 2). The histopathological finding was: Tu giganto cellular osseum and adenoma glandulae parathyroideae . That time were performed two surgical interventions: enbloresectio Tu tibiae dextri et osteosynthesis and enbloresectio tu tibiae sinistri et osteosynthesis, and the specimen sent for histopathological verification confirmed the diagnosis.