



Figure 5 Fractura suprathrochanterica femoris

Thyroid scanning, October 2013: In the lower right region of the right lobe suspected MIBI accumulation, which is less intense on the late scan and insufficient for confirmation of a new parathyroid gland adenoma. Hyperplasia is possible because of therapy. A full skeletal body scan with MIBI of the same activity sent pathological accumulation of MIBI along both femurs and around the right tibial cement prosthesis, in addition to bone marrow hyperplasia.

#### Physical examination

Afebrile, eupneic, without enlarged peripheral lobes, pale, coated tongue and preserved turgor. Facial asymmetry due to the presence of a ramus mandibulae lat.dex tumor formation with plum size, as well as an operative incision per primum on the left side of the neck in length of 4-5 cm.

Heart and lungs with orderly finding, soft abdomen, no organomegaly.

Extremities: Amputated left arm, swelling of lower extremities. Right and left shin with a 10 cm incision. Dry, damaged skin, more pigmented on both shins. Difficult abduction and movement in the lower extremities.

#### Investigations

	06.11.2013	07.11.2013	10.11.2013
ionized calcium	1.09 mmol/l		1.07 mmol/l
Phosphates	1.0 mmol/l	0.6 mmol/l	0.9 mmol/l
Total calcium		1.98 mmol/l	2.9 mmol/l
SE	45 mm/h		
PTH (29.10)	223 pg/ml		

DEXA: Finding in addition to osteoporosis

OGTT: 1 min-4,2 mmol/L, 120 min-8,4 mmol/L.

X-ray of the right hand shows a fracture of the fifth metacarpal bone, which is shortened in comparison to other fingers, shows a bumpy periosteal callus instead of a pathological fracture. At metadiaphysis of the ulna several osteolytic changes with sclerotic rim (fringe) and benign features are observed.

At both kidneys are seen numerous mineral shadows, more to the left, two larger to the right, one in the upper pole and the other in a pylon projection. In the projection of the left iliac bone a sclerotic change, and in the right coxofemoral joint, different lighting-lysis is seen. (fig. 4)

Ultrasonography of thyroid gland: St.post op. adenoma gll.parathyreoideae. There is no left thyroid lobe and non-focal lesions at parathyroid glands. At ramus mandibulae to the right involving proc.muscularis, swelling of the skeleton is detected with lytic change and preserved continuity of corticalis. The change is in favor of Brown tumor, no soft substrate is detected.

Other examinations - ophthalmologic examination and ECG with orderly finding.

#### Discharge list

The patient was discharged with these diagnoses:

Hyperparathyroidismus primaria

Fractura pathologica colli femoris lat.dex.

Osteoporosis

St.post op. gll. Parathyreoideae et thyreoidectomia subtotalis lat.sin.

Because of the suspicion of a new adenoma of the parathyroid glands, further treatment at the Clinic of Thoracovascular surgery is recommended.