Second hospitalization 24-27.11.2013

Major concerns: fatigue, cramping in the arm and legs, embankment.

History of the disease

The patient was admitted at the Clinic of Endocrinology, diabetes and metabolic disorders, after surgery for parathyroid glands. The three parathyroid glands have been removed. The post-operative course went smoothly. Histopathological findings showed hyperplasia of all three glands.

Post-operative laboratory findings have shown immeasurable calcium values, which after administration of more amp. Ca gluconate from 10 ml increased the total calcium value to 1.4 mmol / L. A relatively elevated phosphatemia of 1.85 mmol / L, PTH-3.01pg / ml was also observed.

The patient received substitution therapy with Tabl. Calcium a 1000mg 3x1, Tabl. Rocaltrol a 0.5 mcg 2x1.

Findings

	24.11.2013	25.11.2013	26.11.2013
Potassium	2.8 mmol/l	2.8/3.67/4.9 mmol/l	3.3/4.11/3.3 mmol/l
Total calcium	1.5 mmol/l	1.9/0/1.4 mmol/l	2.2/0/2.2 mmol/l
magnesium		0.5 mmol/l	
ionized calcium			0 mmol/l
phosphates		1.85 mmol/l	
AST		67 U/L	
ALT		59 U/L	
PTH		3.01 pg/ml	
SE		170 mm/h	

- CT of the abdomen with contrast: On the initial scans where the skeleton of the thorax is covered left with Brown tumor. The same formations are seen at ala ossis ilii towards corpus on the left side. Steatosis hepatis. Kidneys with bilateral nephrolithiasis.

- Dermatological examination: Dg: St.post. Oedema crusris bill. St.post op. Th: U. Beloderm No.II vaselini ad 100.0 2x daily topical treatment 5 days, then 1x1 daily for 5 more days. Ung.Jecoderm or Ung.Panthenol aftercare.

- ECG: heart rate- 80 beats per min, axis normal, RBBB, negative T waves in D3, V3-V5.

Discharge list

Hyperparathyreoidismus primaria

St.post op. adenoma gll. parathyreoideae totalis p.p. hyperparathireoidismus primaria

Tu mandibulae

Osteitis fibrosis cystica

Nephrolythiasis bill.

Fractura patologica colli femoris lat.dex.

St.post amputationem brachii lat sin. Pro tu gigantocellularae

- The patient has been discharged with a recommendation to take amp. Ca gluconat a 10% + Sol.NaCl a 500ml i.v in case of muscle cramps. Control of PTH, Ca, P values.

Discussion and Conclusion

Primary hyperparathyroidism is a rare disease that should always be considered in a patient with hypercalcaemia as the dominant clinical symptom.

The bones refer to osteitis fibrosa cystica (OFC), osteomalacia, and, rarely, Brown tumor of long bones . OFC is characterized by bone pains, pathological fractures, and skeletal deformities. Bones become osteoporotic with bone loss as a result of their demineralization.

Differential diagnosis can often lead to bone metastases, but good anamnesis and accurate clinical examination are a prerequisite for proper diagnosis.

Structural bone changes such as osteitis fibrosa cystica and Brown tumor presence are often observed.

A common problem after parathyroidectomy or thyroidectomy is the occurrence of hypocalcaemia and so-called Hungry bone syndrome, which commonly occurs in patients who have pre-operatively developed bone disease, due to chronic bone resorption caused by elevated levels of PTH (osteitis fibrosa cystica). A sharp decrease in PTH leads to an imbalance in osteoblast-osteoclast activity, leading to increased net uptake of calcium, magnesium, and phosphate by the bones.

REFERENCES

1. Weatherall DJ, Ledingham JGG, Warrell DA, editors. Oxford textbook of medicine. 3rd ed. Oxford University Press; 1996. p. 1630–3
2. Albright F, Reifenstein EC. The parathyroid glands and