mor in the clavicle and osteitis fibrosis cystica at the right tibia. Depressed phosphorus (0,5 mmol/l) values and elevated calcium2+(1,73 mmol/l.), alkaline phosphatasa (982 U/L) and PTH levels (1612pg/ml) were present. The patient was successfully operated using gamma-probe guidancea. Post-operative labaratory findings have showed normalisation of PTH and calcium six monts after operation. Pathohistological finding:chief cell adenoma glanulae parathyroidae. MIBI scan was performed 9 mount after operation -normal. Two year later, the patient presented reccurent hyperparathyroidism associated with elevate calcium values 1,41 mmol/l (1,10 -1,40) and PTH-88 pg/ml. We performd Sesta-MIBI scintigraphy: hyperfunctional parathyroid tissue in the projection of the lower pole of the right thyroid lobe. Diagnosis was confrm with KT tomography on the nech- cystic adenoma of the right inferior parathyroid gland.

Discusion: Our patient has slight hypercalcemia and in the next visits in our hospital the serum calcium levels were normal with occasional slight increases. Called for a follow-up in 3 months and referred to thoracovascular surgery.

Conclusion: Primary hyperparathyroidism due to ectopic parathyroid adenoma is asociated with more clinical manifestation, higher calcium level and bone disease. Recurrens of primary hyperparathyroidism after surgical resection of MPA are caused by overlooked parathyroid adenoma/hyperplasia or incomplete resection.