



CASE REPORT: AN INTERESTING CASE OF BONES, STONES, PSYCHIC MOANS AND ABDOMINAL GROANS

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KEYWORDS :

A 51-year-old female, a known case of depression, hypertension and hypothyroidism, has complaint and history of difficulty in getting up from squatting position for 6 months, fatigue for the past six months, depressive mood swings at times came to the surgical OPD of Saveetha Medical College, Chennai.

No h/o any renal stones. No h/o breathlessness, palpitation, syncope, giddiness. No H/o any recent fractures. No h/o muscle pain. No h/o fever and prolonged night sweating. No h/o altered bowel habits.

Past history

Patient is a known case of hypertension, hypothyroidism and depression since 2001. She is also a known case of coronary artery disease underwent coronary angiogram (TMT positive in 2012).

- No history of DM, TB, asthma, epilepsy.
- Personal history – Normal appetite, normal bowel and bladder habits.
- Family history – No history of similar illness in family.
- Menstrual history – Post menopausal state for approximately 2 years.

General condition of the patient was fair, well built and well nourished. No pallor, no icterus, no cyanosis, no clubbing, no lymphadenopathy, no edema.

Vitals – stable

Systemic examination – was found to be normal

Blood investigations

- HB – 12.5 G/DL
- TLC – 9400 cells/cumm
- RFT – Within normal limits
- Electrolytes – Within normal limits

LFT

- Total bilirubin – 0.89
- Direct bilirubin – 0.34
- SGOT – 46
- SGPT – 20
- ALP – 787
- TP – 6.86
- ALBUMIN – 3.7
- Thyroid function tests – within normal limits
- Serum calcium pre op – 14.2 mg/dl
- Serum parathormone pre-op – 2867 pg/ml (10-65 pg/ml)
- Chest x- ray within normal limits. Xray skull showed salt and pepper appearance.
- Xray both hands – showed resorption of middle phalanges.
- Ultra sonogram of neck – A fairly well defined heterogenous lesion seen adjacent to the left lobe of thyroid gland measuring 2.2×1.5

cm.

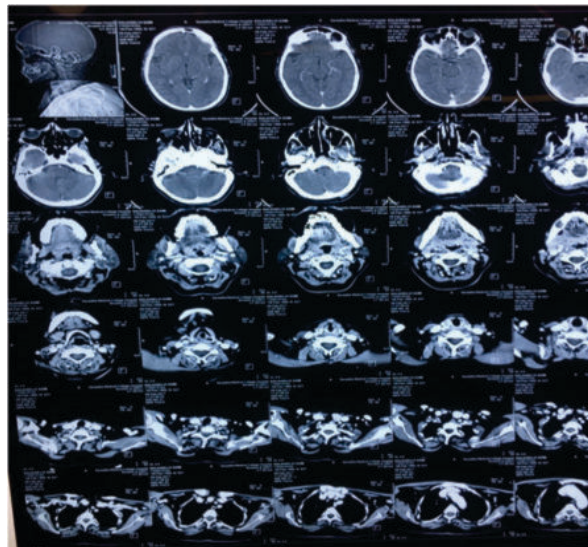
- USG abdomen – normal



Image 1: Bone scans suggestive of osteoporosis and the risk of fracture is very high

Neck-contrast study

A well-defined oval heterogeneously enhancing soft tissue density lesion noted in lower half of visceral space. Size- 2.1 *2.1*4 cms. Location – deep to strap muscles. Craniocaudal extent – c6-c7 level Relation to thyroid – lesion compressing the left lobe of thyroid gland in infero lateral aspect Extension is limited within neck no intra thoracic extension. Fat plane between lesion and carotid space well maintained. Lesion does not cross midline. Features are consistent with left parathyroid adenoma – inferolateral to the left lobe of thyroid.



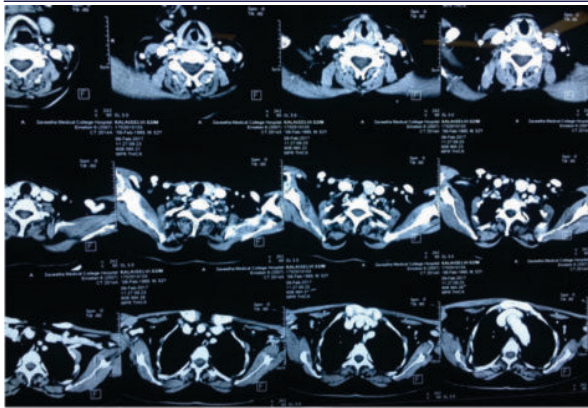


Image 2: Neck contrast study

The sestamibi scan is the most appropriate with 90% sensitivity and 98-100 % specificity. The scan result showed parathyroid adenoma in left lower pole region of thyroid gland.

FNAC - Features consistent with parathyroid adenoma.

Surgical plan: After evaluating the patient, it was evident that the adenoma was localised to left inferior parathyroid. Hence, we planned for left inferior parathyroidectomy.



Image 3: Operative findings

Following surgery, the specimen was sent for histopathology that showed the features favour parathyroid adenoma.

Immediately after surgery the patient was shifted to the post op ward. Diet was started the next day after surgery. The entire post operative period was uneventful. A psychiatry opinion was obtained both pre op and post op.

Post operative investigation: Parathormone – 270 pg/dl and Serum calcium – 11.8 g/dl. Following this the patient had suture removal on day 9 and was discharged on day 11, a regular follow up has been advised.

DISCUSSION:

The majority of patients with sporadic primary hyperparathyroidism have a single adenoma. Approximately 13 % have hyperplasia. And 1 % will have more than one adenoma or a carcinoma. In familial type multiple gland enlargement is the norm. The histologic differentiation between adenoma and hyperplasia can be difficult and macroscopic findings are an important determinant in making the diagnosis.¹

A single large gland with three small glands is characteristic of adenoma regardless of histology, which may show considerable overlap between a hyperplastic and adenomatous gland. Parathyroid hyperplasia by definition affects all four glands.²

Clinical vignette of hyperparathyroidism is “bones, stones, abdominal groans and psychic moans.” Hyperparathyroidism common in middle aged women. Presentation asymptomatic in 50% of the cases. Non-specific symptoms and psychiatric symptoms.³

In bones there will be osteitis fibrosa cystica (von Recklinghausen disease which shows single or multiple cysts or pseudo tumour in jaw, skull or middle phalanges. In kidneys there may be bilateral multiple renal stones or nephrocalcinosis (may go for renal failure). It may be associated with peptic ulcer, pancreatitis and MEN 1 syndrome.^{4,5}

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