



A CASE REPORT ON PRIMARY HYPERPARATHYROIDISM PRESENTING AS ACUTE PANCREATITIS

General Medicine

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ABSTRACT

Primary hyperparathyroidism (PHPT) is a rare cause of acute pancreatitis. We present a case of a 30-year-old female diagnosed with PHPT presenting with acute pancreatitis. She had hypercalcemia, renal calculi, and underwent parathyroidectomy, resulting in clinical improvement.

KEYWORDS

Primary hyperparathyroidism, acute pancreatitis, hypercalcemia, parathyroid adenoma

INTRODUCTION

The common causes of acute pancreatitis include gallstones and alcohol consumption. Primary hyperparathyroidism is an uncommon cause of pancreatitis, associated with hypercalcemia due to parathyroid hormone (PTH) overactivity. This report presents a rare case of PHPT-induced acute pancreatitis.

Case Presentation

A 30-year-old female presented with abdominal pain, vomiting, and constipation. Imaging revealed acute necrotizing pancreatitis and renal calculi. Her serum calcium and PTH levels were markedly elevated. She underwent right inferior parathyroidectomy, with subsequent improvement in her clinical condition.



Figure 1 : Figure 1: X-ray showing osteopenia and subperiosteal resorption typical of PHPT



Figure 2: CECT abdomen showing acute necrotizing pancreatitis

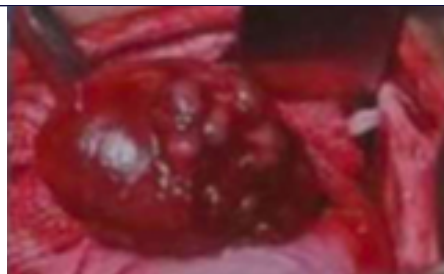


Figure 3: Intraoperative image showing parathyroid adenoma

DISCUSSION

Primary hyperparathyroidism leading to acute pancreatitis is rare but well-documented. Hypercalcemia contributes to the pathogenesis by increasing pancreatic secretions and precipitating stones. Parathyroidectomy significantly reduces the recurrence of pancreatitis.

CONCLUSIONS

Although rare, primary hyperparathyroidism should be considered as a potential cause of acute pancreatitis, especially in patients with hypercalcemia and renal calculi. Timely diagnosis and parathyroidectomy are key to preventing recurrence and complications.

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