

Recurrent Primary Hyperparathyroidism – A Case Report

The Importance of Examination Before and During Surgery

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Abstract

Background: Primary hyperparathyroidism, in 85% of the cases generates from solitary parathyroid adenoma. The selected treatment is surgery on the gland after imaging evaluation (scintigraphy with Sestamibi). But in about 11% of cases hyperstimulation is noticed by more than one adenoma and imaging examination which reaches a sensitivity of 75% and specificity of 78% in the case of solitary adenomas, fails to assess the full involvement of all glands noticing only the dominant nodule.

Case report: The case we present is that of a man, 51 years old who presents with complaints of muscle pain and physical weakness. During laboratory tests results hypercalcemia and PTH 197 pg/ml (8 – 76). On additional examinations

hyperfixation is observed on the right upper parathyroid on scintigraphy with Sestamibi. Based on these data, the patient underwent right parathyroidectomy. Postoperative biopsy confirms the diagnosis of parathyroid adenoma. The patient continues treatment with Calcium to avoid transient postoperative hypoparathyroidism. Three months after the surgery, during the follow-up, there is an increase of the level of PTH (71.54 pg / ml for a normal range of 15 - 65 pg / ml) after an initial post-op decrease. The patient continues to be in follow up to assess the origin of recurrent hyperparathyroidism leaving open the possibility of multiple adenomas.

Conclusion: Preoperative evaluation for the initial localization of the lesion is a necessary

diagnostic step but not the final one in identifying the entire disease. For a successful and long-term treatment, is advised an intraoperative evaluation and regular postoperative follow-ups of the patient.

Keywords: primary hyperparathyroidism, recurrence, PTH, scintigraphy, parathyroidectomy