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Case Blog

Severe Secondary Hyperparathyroidism

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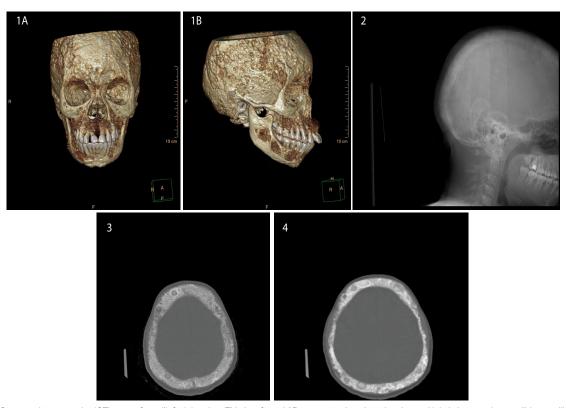


Figure 1A: Computed tomography (CT) scan of maxillofacial region. This is a frontal 3D reconstruction view showing multiple lytic areas in mandible, maxilla and skull.

Figure 1 B: Computed tomography (CT) scan of maxillofacial region. This is a lateral 3D reconstruction view showing multiple lytic areas in mandible, maxilla and skull.

Figure 2: Multiple lytic areas seen in mandible, maxilla and skull.

Figure 3: Calvarium shows bony expansion with sclerotic and osteolytic lesion.

Figure 4: Calvarium shows bony expansion with mixed sclerotic and osteolytic lesions with irregular margin involving the bone.

Case Presentation

This is a 33 years old female patient with chronic kidney disease (stage 5D) and hypertension, and has been on hemodialysis since 2005. She developed severe hyperparathyroidism with evidence of bony expansion and multiple lytic lesions seen in mandible, maxilla and skull base. The calvarium shows multiple sclerotic lesions. Laboratory bone profile reveals serum calcium of 10.9 mg/dl, serum phosphorous 6.5 mg/dl, alkaline phosphatase 1700 IU/L, and serum intact parathyroid hormone (iPTH) 4160 pg/ml. The patient has been responding to conservative management including treatment with paracalcitol, sevelamer, and cinacalcet, and subtotal parathyroidectomy is planned (Figures 1-4).

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