

Clinica-Medical Image

A Rare Presentation of Primary Hyperparathyroidism - Massive Uterine Fibroid Calcification

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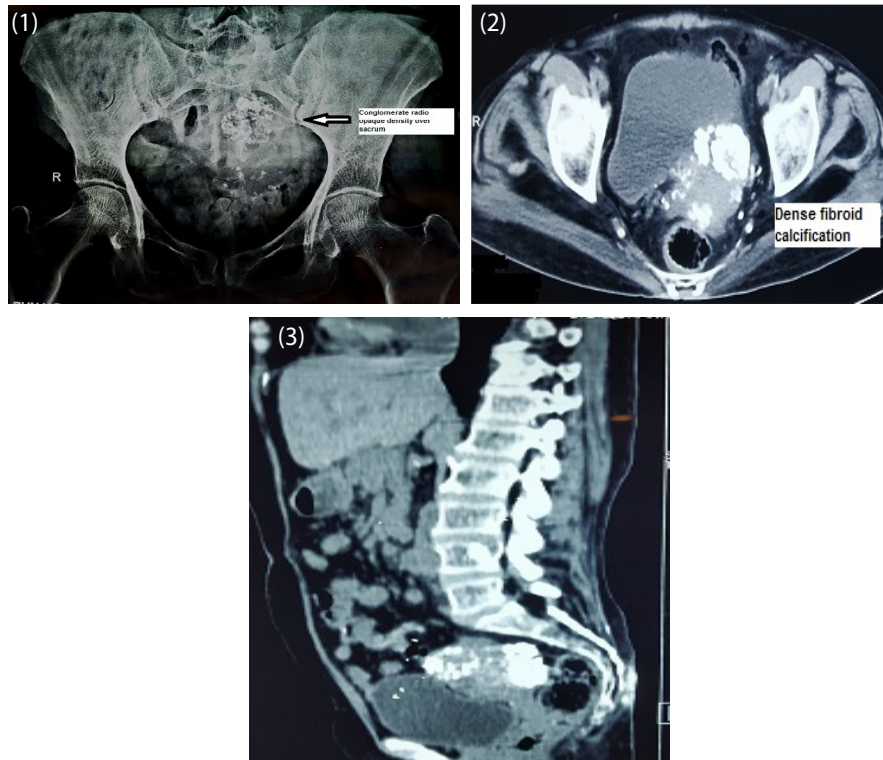


Figure 1: X-ray pelvis showing conglomerate radio opaque density deposits in the pelvis over the sacral bone.

Figure 2: Non contrast CT abdomen axial cut showing partially distended bladder with multiple studded uterine fibroid with extensive calcification.

Figure 3: Non contrast CT abdomen sagittal cut showing dense uterine fibroid calcification in posterior relation to urinary bladder.

Keywords: Uterine fibroid; Calcification; Parathyroidism; Hypercalcemia

Clinical Image

Uterine fibroid is estrogen dependent and rarely seen in post-menopausal females. Degenerative changes like calcification can occur in long standing cases of uterine fibroid. However extensive calcification is rarely seen. Primary hyperparathyroidism manifest with calcification in various organs.

A 63-year old post-menopausal female with no significant past medical history presented with lower abdomen pain of 2 months duration. General physical and systemic examination was normal. Ultrasound revealed multiple uterine fibroid with surface calcification. X-ray pelvis showed multiple scattered radio opaque deposits in the pelvis (Figure 1). Non contrast CT pelvis (axial and sagittal cuts) confirmed multiple small uterine fibroids involving whole uterus with dense calcification (Figures 2 and 3). Routine hemogram, renal and liver function test was normal. Metabolic work up revealed serum calcium -12.2 mg/dl

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and serum parathyroid hormone -394 pg/ml. ^{99m}Tc Sestamibi scan showed right inferior parathyroid adenoma of size 2.5 x 2.3 cm. Patient underwent uneventful parathyroid adenoma excision surgery. Post op, serum calcium and PTH was normal. Patient is planned for hysterectomy. Uterine fibroid are hormonal dependent and seen in reproductive age group, however it may manifest in post-menopausal women. Calcification is seen in 8% of fibroids. Extensive fibroid calcification is rare and metabolic work up should be done. Hypercalcemia is known to cause calcified deposits in various organs. Primary hyperparathyroidism presenting with dense fibroid calcification is not yet reported.