

Clinical Image

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Multirecurrent hyperparathyroidism due to parathyromatosis

Stiliani Laskou^{1*}; Paraskevi Axi¹; Vasilios Rafailidis²; Ioanna Aba Nteka³; Triantafyllia Koletsa³; Konstantinos Sapalidis¹

¹3rd Surgical Department, AHEPA University General Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece.

²Department of Radiology, AHEPA University General Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece.

³Department of Pathology, School of Medicine, Faculty of Health Sciences, Aristotle University of Thessaloniki, Thessaloniki, Greece.

*Corresponding Author: Stiliani Laskou

3rd Surgical Department, AHEPA University General Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece.

Email: stelaskou@gmail.com

Abstract

Parathyromatosis is an extraordinary singleton condition, which is characterized by hyperfunctional parathyroid foci, mainly delineated in the neck, mediastinum, and generally in the transplantation site, if the cause is related to previous surgeries. We present the case of a successfully treated 66-year-old female patient suffering from recurrent hyperparathyroidism caused by parathyromatosis.

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Background

A 66-year-old woman was admitted to the emergency department complaining of nausea and vomiting. She had a clear medical history but a rather vague surgical history of 5 neck operations due to recurrent hyperparathyroidism the last 30 years which not only left her untreated but also with a paretic right vocal cord. On neck examination she had a transverse incision scar while several nodules could be palpated. Laboratory tests revealed a calcium level of 16 mg/dl and Parathormone (PTH) of 577 pg/ml. Neck ultrasonography showed multiple nodules suspicious for parathyromatosis, located along the anterior of the left sternocleidomastoid muscle and in the central neck compartment, findings also confirmed by 4D-CT (Figure 1). Considering the longstanding disease and its complications as well as the failure of medical treatment to succeed normocalcemia, central and left selective neck dissection (compartments II, III, IV) were performed (Figure 2). Intraoperatively, PTH levels decreased adequately to 52.4 pg/ml, while intraoperative neuro-monitoring reassured the integrity of the left recurrent nerve. The patient was discharged with normal serum calcium and PTH

levels. No signs of recurrence are observed at 1 year follow up. Histopathology report confirmed the diagnosis of parathyromatosis (Figures 3).

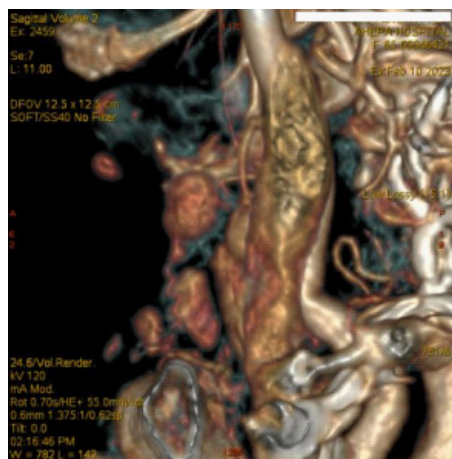


Figure 1: 4D-CT depicting multiple parathyroid foci along the left sternocleidomastoid muscle.



Figure 2: Intraoperative image after completion of central and left selective neck dissection (compartments II, III, IV).

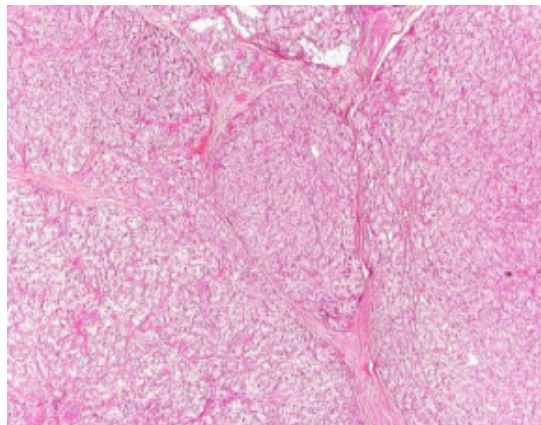


Figure 3: Multiple parathyroid foci, segmented by thin diaphragms.