

Recurrent Persistent High Parathyroid Hormone with No Recognized Source

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ABSTRACT

The diagnosis of primary hyperparathyroidism (PHPT) is based on an elevated concentration of parathyroid hormone (PTH) in patients with hypercalcemia and hypercalciuria. A recent study showed that the prevalence of PHPT was 274 cases per 100,000 population in Bahrain, where the incidence of the disease has significantly increased in those aged 50 years and above. A case of recurrent primary hyperparathyroidism and hypercalcemia is present. This occurred not once but twice after surgical treatment, in which the source of persistently high PTH was not identified despite thorough investigation. Parathyroidectomy is the definitive curative treatment for PHPT and is indicated for all patients with symptomatic PHPT, evidence of renal involvement, osteoporosis, or fractures; when the serum calcium level is greater than 1 mg/dL, for patients aged 50 years or younger, and when parathyroid cancer is suspected. The cause of this interesting case is still undetermined so far. One of the goals of this report was to draw attention to this common complication, the role of imaging, and the management in such cases. We strongly believe that post-surgical treatment of recurrent hyperparathyroidism needs more attention as there is a lack of studies on the mechanism, risk factors, and most importantly, the management of such cases.

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