

Acute Hypercalcemia Coincidental with Intracapsular Parathyroid Hemorrhage

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A thirty-two-year-old female presented with acute hypercalcemia and elevated Parathyroid Hormone (PTH) as the only finding. She had a history of progressive generalized muscle and bone aches, weakness with inability to carry objects, insomnia, dysphonia, dysphagia, difficulty in walking and feeling depressed. Neck MRI revealed intra-capsular hemorrhage in a large parathyroid adenoma. Hypercalcemia from intracapsular parathyroid hemorrhage is a rare clinical presentation. Two months earlier, she had completely normal blood chemistry which was performed during her regular thyroid replacement follow-up, the calcium level was 9.5 mg/dl (normal reference range: 8.40-10.20).

The investigations at presentation revealed elevated total calcium 11.2 mg/dl (8.40-10.20 mg/dl) and PTH 115 pg/ml (15-65 pg/ml) with normal albumin and phosphorus levels. Three days later, the patient had developed dysphonia, dysphagia, odynophagia and difficulty in walking; her repeat calcium level had increased to 12.7 mg/dl. Neck MRI revealed a right inferior parathyroid (2.2x1.7x0.7 cm) adenoma with internal hemorrhage. Her surgical pathology confirmed the presence of intra-capsular hemorrhage in 2 cm parathyroid adenoma.

Clinicians should be aware of the potential for occurrence of intracapsular parathyroid hemorrhage manifested as acute symptomatic hypercalcemia.