

Primary Hyperparathyroidism Through an Ectopic Parathyroid Adenoma

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Abstract

Introduction: Parathyroid glands, usually four, are localized at the anterior cervical level, in several positions, on the posterior side of the thyroid gland. Parathyroid glands participate to calcium level regulations by producing the parathormone as a response to hypocalcemia. Hyperparathyroidism is defined as the excess secretion of the parathormone.

Material and method: We present the case of 48 year-old women, admitted with intense bone pain, headache and dizziness. Imaging studies performed identified a small nodule localized in the anterior mediastinum. This nodule was positive for high levels of tracer fixation. Surgery was performed and the nodule was identified as a small parathyroid adenoma.

Results and discussions: The outcome of the surgical intervention was favorable, without any postoperative complications. We suggest for the imaging diagnostic procedure to include: ultrasonography, scintigraphy, computed tomography, MRI. Using nuclear medicine, the sensibility for the imagistic identification of parathyroid adenomas increased to approximately 90%. The approach for mediastinal ectopic parathyroid glands is controversial, but their preoperative localization is mandatory.

Conclusions: Primary hyperparathyroidism is a rare, important disease, with severe clinical manifestations. The diagnosis must be based on imaging finding, with mandatory surgical treatment, and in most cases, with the remission of the severe clinical manifestation.

Key words: parathyroid adenoma, hyperparathyroidism, hypercalcemia