

Abstract

Background: Primary hyperparathyroidism (PHPT) is one of the commonest endocrine disorders and common cause for hypercalcemia. The usual clinical manifestations of PHPT are generalized bone disease, nephrocalcinosis, kidney stones, cardiovascular, gastrointestinal, neuromuscular and neuropsychiatric symptoms. We present a case of recurrent urinary stones finally diagnosed as primary hyperparathyroidism.

Case presentation: Mrs. W.A. Renuka a 46-year-old previously known patient with renal stones presented with left loin pain, fever with chills and rigors and hematuria for 3 days duration. Her investigations revealed neutrophilic leukocytosis with elevated inflammatory markers. Interestingly her serum calcium and intact PTH level were found to be elevated. CECT abdomen and neck confirmed the bilateral renal stones with right parathyroid adenoma. Familial hypocalciuric hypercalcemia and multiple endocrine neoplasia type 1 and 2 were excluded. TC99m Sestamibi parathyroid scan localized the lesion and successful surgical removal of the parathyroid adenoma was done and patient clinically improved after the surgery.

Conclusion- Proper evaluation of a patient with renal stones in view of finding the etiology is very important in management. This improves the morbidity as well as mortality outcome of the patient. Serum ionized or corrected calcium level is a very valuable investigation for this purpose.

Key Words: Primary hyperparathyroidism, Renal stones, Hypercalcemia