

Abstract

Tuberculosis (TB) is a granulomatous disease. Although hypercalcemia is a recognized metabolic abnormality in tuberculosis, severe complicated hypercalcaemia is rare. Hypercalcemia in granulomatous diseases is caused by extra-renal conversion of 25-hydroxy-vitamin D₃ to the active vitamin D (calcitriol), independent of parathyroid hormone (PTH) (1). Since the presentation of hypercalcaemia with mental state alteration can mimic tuberculosis related central nervous system complications, a careful evaluation is mandatory.

We report a case of a 41 year old male presenting with severe hypercalcaemia secondary to miliary tuberculosis. His initial presentation was altered level of consciousness and acute kidney injury. With hydration and restriction of dietary calcium and vitamin D he made a complete recovery.

Hypercalcaemia is not uncommon in tuberculosis and is due to granuloma induced extra-renal 1-alpha hydroxylase activity (1). Dietary calcium and vitamin D restriction is the major intervention of this setting. When patients with tuberculosis patients present with acute kidney injury, hypercalcemia must be looked for and managed promptly. The evaluation of altered level of consciousness in a patient with tuberculosis should include investigating for hypercalcaemia.