

Abstract

Primary hyperparathyroidism is a common cause of hypercalcaemia which mostly presents as asymptomatic chronic hypercalcaemia. When hypercalcaemia in primary hyperparathyroidism is associated with indications for surgery, preoperative imaging for the localization of the adenoma is of paramount importance. Ultrasound scan and 99Tc sestamibi scan are the commonly used modalities in current practice for the localization of adenoma. This case report is of a patient who initially presented with non-specific symptoms, later found to have hypercalcaemia with ultrasound evidence of parathyroid adenoma, in whom there was problematic pre-operative localization of the adenoma due to contradictory imaging findings (negative 99Tc sestamibi scan in the presence of ultrasonically detected parathyroid adenoma).