Abstract

Background

Primary hyperparathyroidism is a rare disease. Most of the time a solitary adenoma presents with mildly raised serum calcium and marginally elevated parathyroid hormone (PTH) level. Parathyroid crisis is a life-threatening manifestation of hyperparathyroidism where there is a very high calcium level with very high serum PTH level. It is associated with significant end organ damage.

Case presentation

15-year-old girl presented with burning epigastric pain, regurgitation, poor appetite, fatigue, constipation, polyuria and polydipsia for three weeks duration. A well-defined, smooth, non-tender lump was palpable in the left anterior triangle of the neck, which moved upwards with swallowing. She had bradycardia (45 beats per minute) with an ECG showing variable 1st and 2nd degree atrioventricular blocks. She had a very high serum calcium and parathyroid hormone levels. CECT neck showed a giant parathyroid mass and she underwent the parathyroidectomy immediately. Histology confirmed the adenoma and patient's symptomatology was improved after the surgery.

Conclusions

In this case report we present a patient with symptomatic hyperparathyroidism with two rare occurrences. One is the parathyroid crisis and the other is a clinically palpable giant parathyroid adenoma. Rational clinical evaluation with appropriate biochemical and radiological investigations and early surgery is mandatory in this situation.