

Abstract

Hypercalcemia in malignancy (HCM) is one of the frequent complications seen in cancer patients. It commonly presents with nonspecific features which rarely may cause fatalities. Local osteolysis and humoral hypercalcemia due to parathyroid hormone related peptide (PTHrP) are the principal mechanisms. HCM is most commonly seen with multiple myeloma and lung carcinoma. Prompt investigation and management is necessary to isolate the etiology and prevent detrimental complications.

We present the unusual case of a 66 year old lady, presenting proximal myopathy and neurocognitive dysfunction, detected to have severe hypercalcemia and later diagnosed with lung carcinoma. Cause was narrowed down to either local osteolysis due to metastasis or PTHrP associated humoral hypercalcemia. Subsequent treatment with hydration and bisphosphonates ameliorated hypercalcemic symptoms. Knowledge on HCM, recognition of unusual presentations, aetiopathogenic differentiation and treatment are discussed.