A thin built 60 year old female patient from the rural parts of the western Indian state of Rajasthan was referred from the dental clinic of our hospital. She attended in a wheelchair and had following complaints:

- Swelling near the left lower 3rd molar with significant difficulty in eating
- Difficulty in walking and bony pains over the past 6 months
- Increasing dependency for daily activities

**ON EXAMINATION**

- Pallor and general frailty
- Proximal muscle weakness but no other significant neurological abnormalities
- Widespread bony tenderness
- 2 firm non-tender swellings over: Right hand. Lower half of her right forearm
- Right hand.

**Lab Investigations:**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>At Presentation</th>
<th>At 6 Months Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Calcium (2.2-2.6mmol/L)</td>
<td>2.3</td>
<td>2.4</td>
</tr>
<tr>
<td>Phosphorus (0.81-1.44mmol/L)</td>
<td>0.63</td>
<td>0.84</td>
</tr>
<tr>
<td>Albumin (35-50g/L)</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Alkaline Phosphatase (42-98U/L)</td>
<td>124</td>
<td></td>
</tr>
<tr>
<td>Creatinine (44-100µmol/L)</td>
<td>61.9</td>
<td></td>
</tr>
<tr>
<td>Parathyroid Hormone (8.5-15ng/L)</td>
<td>2842</td>
<td>276</td>
</tr>
<tr>
<td>Vitamin D (30-100ng/ml)</td>
<td>14.6</td>
<td>24.6</td>
</tr>
</tbody>
</table>

- Skeletal x-rays showed multiple radiolucent oval lesions (arrows) with appearances suggestive of Brown tumours.
- Biopsy of the swelling in mouth demonstrated giant granuloma with an overall appearance of a brown cell tumor.

**UNUSUAL FEATURES**

- A Brown tumour is a recognised sequela of long-standing primary hyperparathyroidism but the presence of multiple tumours has not been reported in a patient with vitamin D deficiency. The persistence of symptomatic oral tumour requiring excision is also unusual.

**PRESENTATION WITH CONCURRENT MULTIPLE BROWN TUMOURS**

- There have been cases reported on diverse presentations of vitamin D deficiency including rare case reports of solitary brown tumor but presence of multiple brown tumors is a rarity.

**BROWN TUMOR REQUIRING EXCISION IS UNUSUAL**

- Most of such tumors regress with treatment.
- However this patient requiring excision of the oral swelling despite treatment makes it an infrequent finding.

**DELAY IN PRESENTATION DESPITE INCREASING DEPENDENCY**

- Thus it was striking that whilst painful oral lesion with eating difficulty promptly ensured a visit to a major hospital, progressive dependency due to muscle weakness failed to do so!!! There are several cultural and economic issues which probably governed this behaviour. This adds to the delay in diagnosis. These constraints governing patients’ management in India often vouches for the empirical use of vitamin D therapy.

**TAKING HOME MESSAGE**

- Multiple brown tumours can be yet another presentation of long-standing vitamin D deficiency.
- Rarity of this situation despite such a high prevalence of vitamin D deficiency in India of the magnitude as high as 50-76% and not amenable to vitamin D therapy and necessitating surgical excision makes it a noteworthy feature and a learning experience.
- Common presentations of a common disease is more common that the uncommon presentation of a rare disease!
- However uncommon presentation of a common disease can complicate the scenario and can often lead to delayed diagnosis.

**REFERENCES**

- Rosenberg and Guralnic
- Bereket A, Casur Y, Firat P, Yordam N. Brown tumor can develop in severe long-standing vitamin D deficiency rickets and respond to vitamin D therapy. Hacettepe University, Ihsan Dogramaci Children's Hospital, Ankara, Turkey
- Bereket A et al published “Brown tumour can develop in severe long-standing vitamin D deficiency rickets and responds to vitamin D treatment” in a study in children.
- Ayhan Bereket A, Casur Y, Firat P, Yordam N. Brown tumor can develop in severe long-standing vitamin D deficiency rickets and responds to vitamin D therapy. Hacettepe University, Ihsan Dogramaci Children's Hospital, Ankara, Turkey
- Rosenberg and Guralnic