A CASE WITH ATYPICAL PARATHYROID LIPOADENOMA PRESENTED WITH SEVERE HYPERCALCEMIA AND SKELETAL DEFORMITIES

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INTRODUCTION

- Parathyroid lipoadenoma (PLA) is a rarely seen, benign variant of parathyroid adenoma (PA).
- However, PA usually consists of uniform, polygonal chief cells with a few nests of oxyphil cells, PLA consists of similar histologic features, but with an abundance of fat cells.
- Additionally, PLA may be functional with the secretion of parathyroid hormone (PTH) or non-functional.
- Here, we present a case of atypical PLA presented with severe hypercalcemia and skeletal deformities.

CASE

- A 41-year old male referred to emergency department due to the cranial trauma following the syncope episode.
- In his cranial magnetic resonance imaging no pathology was found.
- He had no chronic disease except hypertension.
- His laboratory evaluation revealed elevated creatinine and calcium (Ca) levels (1.7 and 14.3 mg/dl, respectively). PTH level was found 735 pg/ml, urinary calcium excretion was found 348 mg/24 hour.
- Neck ultrasound (US) revealed an isoechoic mass with 18.5x29.5x38.7 mm in size in the left inferior part of the thyroid gland which was consistent with parathyroid scintigraphy.
- Grade I hypertensive retinopathy was detected in ophtalmological examination.
- Bone mineral densitometry revealed severe osteoporosis, especially in lumbal vertebraaes. Pathologic fracture was not determined in vertebral graphics. He had severe scoliosis and pectus excavatum.
- Ca levels were regressed to 12 mg/dl with intravenous hydration and diuretic treatment.
- He had underwent left hemithyroidectomy and parathyroidectomy and pathology was revealed atypical PLA and benign thyroid disease.
- Also the surgical specimen was revealed a large size mass with a 5 cm in diameter and neoplastic cells were seen in one area in the capsule.

CONCLUSION

- Although PLAs are benign lesions, our case had atypical features. He had severe osteoporosis and skeletal anomalies in addition to severe hypercalcemia.
- However, there has been no known malignant PLA, the cases which show atypical features should be followed closely.