CASE:

58 years old woman with a 10 years history of Graves disease and mild hypercalcemia.

After surgery:

<table>
<thead>
<tr>
<th></th>
<th>PTH</th>
<th>Ca</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st day</td>
<td>78</td>
<td>10.6</td>
<td>3.5</td>
</tr>
<tr>
<td>3rd day</td>
<td>51</td>
<td>10.61</td>
<td>3.58</td>
</tr>
<tr>
<td>1 week</td>
<td>56</td>
<td>10.42</td>
<td>3.6</td>
</tr>
</tbody>
</table>

6 weeks later under 100ug LT4/day:

Ca = 10.8 mg/dl (8.4-10.2)
P = 4.2 mg/dl (2.7-4.5)
PTH = 41 pg/ml (15-65)
Normal renal function

PREVALENCE IN FAMILY:
- No brothers/sisters
- Both parents dead
- 1 son
We got him tested:
- Ca (seric) = 10.34 mg/dl
- Ca (urine) = 12 mg/24h
- PTH = 32 pg/ml
- Ca/creatinine clearance = 0.002

CURIOSITY:
Low bone mineral density:
- Spine T-score = -2.8
- Radius T-score = -3.4, although FHH is not associated with low BMD.
- We think it is due to the long evolution of Graves disease.

CONCLUSION:
We describe the case of FHH in a woman with Grave’s disease in which hypercalcemia was initially attributed to hyperthyroidism.

REFERENCE: