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INTRODUCTION

➤ Ectopic and atypically localized parathyroid adenomas such as in the anterior mediastinum, paraesophageal or retrotracheal position, although rare, can be seen in clinical practice.

➤ Ultrasound (US) which is a frequently used and one of the best conventional imaging modality sometimes fails to identify the lesion especially in atypically localized adenomas.

➤ Endoscopic US (EUS) is a new technique that can be used for localization of parathyroid lesions.

➤ We reported a case with paraesophageal parathyroid adenoma which was localized accurately with EUS.

CASE

➤ A 55-years old woman with papillary thyroid microcarcinoma (PTMC) (0.8 cm in size) was operated 5 years ago.

➤ After the thyroid surgery her Ca levels (10.5-11 mg/dl) were found as elevated.

➤ She had been evaluated for hypercalcemia and PTH level was also found elevated. In her neck ultrasound (US) and parathyroid scintigraphy no pathology was found.

➤ Since she had no operation indication for asymptomatic hyperparathyroidism she had been followed for 5 years.

➤ Bone mineral densitometry revealed osteoporosis in lumbal vertebraes. Neck US found no pathology. Recent parathyroid scintigraphy revealed parathyroid adenoma in the posterior of the trachea in the inferior thyroid region.

➤ Neck and upper mediastinal computerised tomography showed heterogenous solid nodular lesion in the superior right paraesophageal region 11 mm in size.

➤ In order to determine the exact localization of the parathyroid adenoma EUS was performed and detected a hypoechoic lesion close to esophagus on the right parathyroid localization

➤ The patient underwent parathyroidectomy with minimally invasive procedure, parathyroid adenoma was detected and excised

CONCLUSION

➤ Preoperative localization of parathyroid pathology is important in appropriate cases of minimal invasive surgery.

➤ EUS can be accepted as a tool for detection of parathyroid adenoma. When the other imaging methods are negative or conflicting, EUS can be considered in these patients