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INTRODUCTION

- Primary hyperparathyroidism (pHPT) during pregnancy is rare and associated with increased morbidity for both mother and fetus.
- Maternal complications of pHPT include nephrolithiasis, pancreatitis, cardiac arrhythmias, hypertension, nausea and vomiting.
- pHPT is caused by a solitary adenoma in 85-90% of patients, and the curative treatment is parathyroidectomy.
- Here, we presented two women who have diagnosed pHPT and operated without complications in pregnancy.

CASE 1

- She was 20 years old and presented with abdominal pain at 8th weeks gestation.
- Her laboratory tests were revealed 12.2 mg/dl Ca levels, 2 mg/dl Phosphorous (P) levels and 136 pg/ml parathyroid hormone (PTH) levels and her urine Ca level was 810 mg/24 hour.
- Her neck ultrasonography (US) revealed a hypoechoic lesion with 6.3X6.3X14.5 mm size consistent with parathyroid adenoma in the left superior of the thyroid gland. No thyroid nodule was detected.
- Nephrolithiasis was not determined.
- The left superior parathyroid gland was excised with minimal invasive surgery in the 9th weeks of gestation and parathyroid adenoma was excised.

CASE 2

- 38 years old woman who was 9th weeks gestation was referred to our clinic for the high serum Ca levels.
- Her Ca level was 11.5 mg/dl, P level was 1.4 mg/dl, PTH level was 344 pg/ml.
- Her neck US revealed parathyroid adenoma in the right inferior part of the thyroid gland 2x1x1 cm with size. Also she had a nodule in the right thyroid gland.
- She had underwent right hemithyroidectomy and parathyroidectomy in the second trimester and parathyroid adenoma was excised.

CONCLUSION

- Since the symptoms are often nonspecific in the PHPT, it can be easily misdiagnosed during pregnancy.
- Early recognition of pHPT, followed by appropriate management and treatment may reduce the maternal and fetal complications.
- Therefore pregnant women with biochemical hypercalcemia or any clinical presentation associated with hypercalcemia must be evaluated for pHPT.

