

# HYPERPARATHYROIDISM HEALING IN PATIENTS TREATED FOR HYPERALDOSTERONISM: 3 CASES

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## Introduction

Hyperaldosteronism usually presents with hypertension and hypokalemia; however, there is recent evidence of a relationship with the parathyroid hormone. There are different theories to try to clarify this relationship. Hyperaldosteronism treatment is medical or surgical depending upon etiology. We present three cases in which treatment solely for hyperaldosteronism also cured hyperparathyroidism

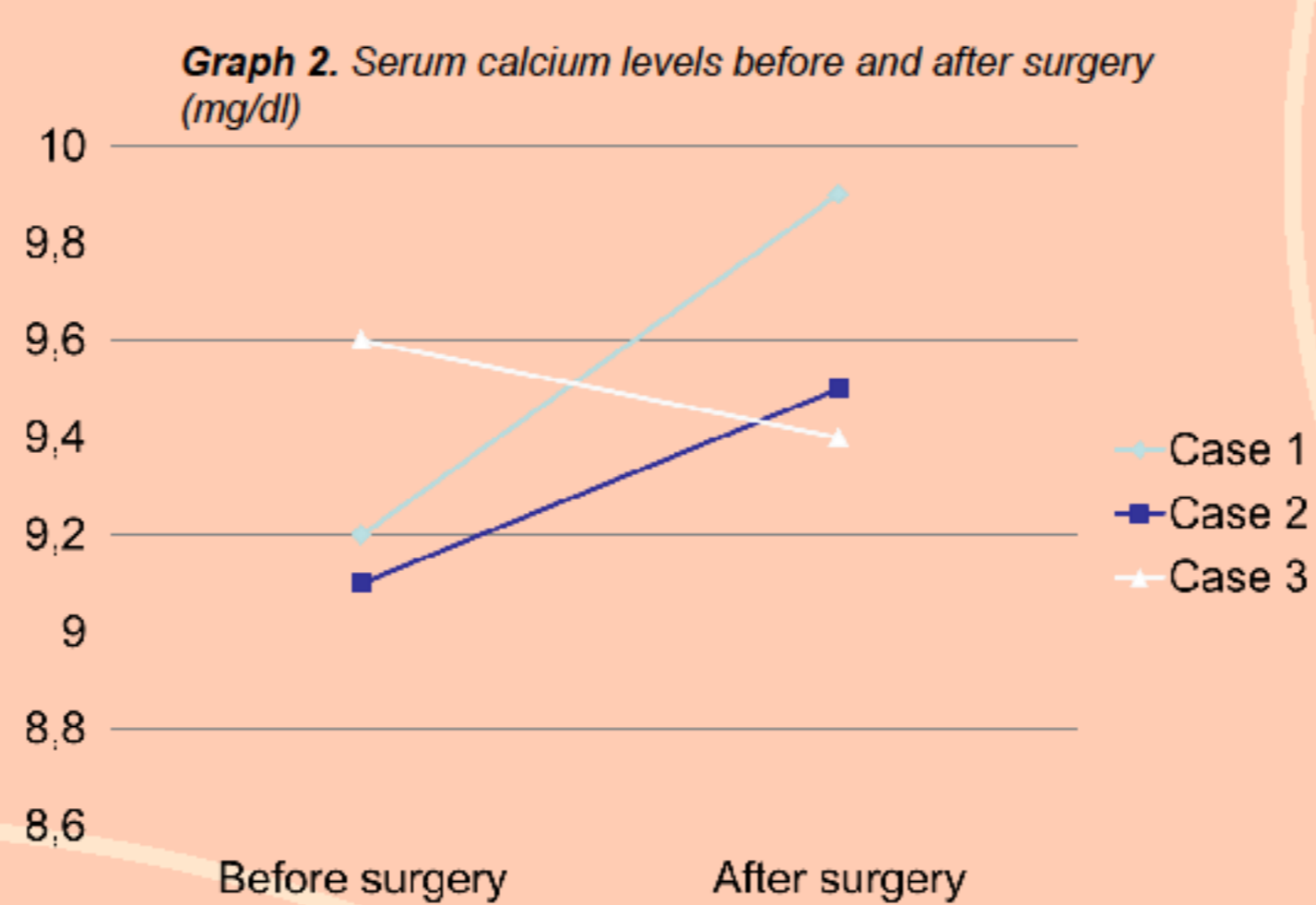
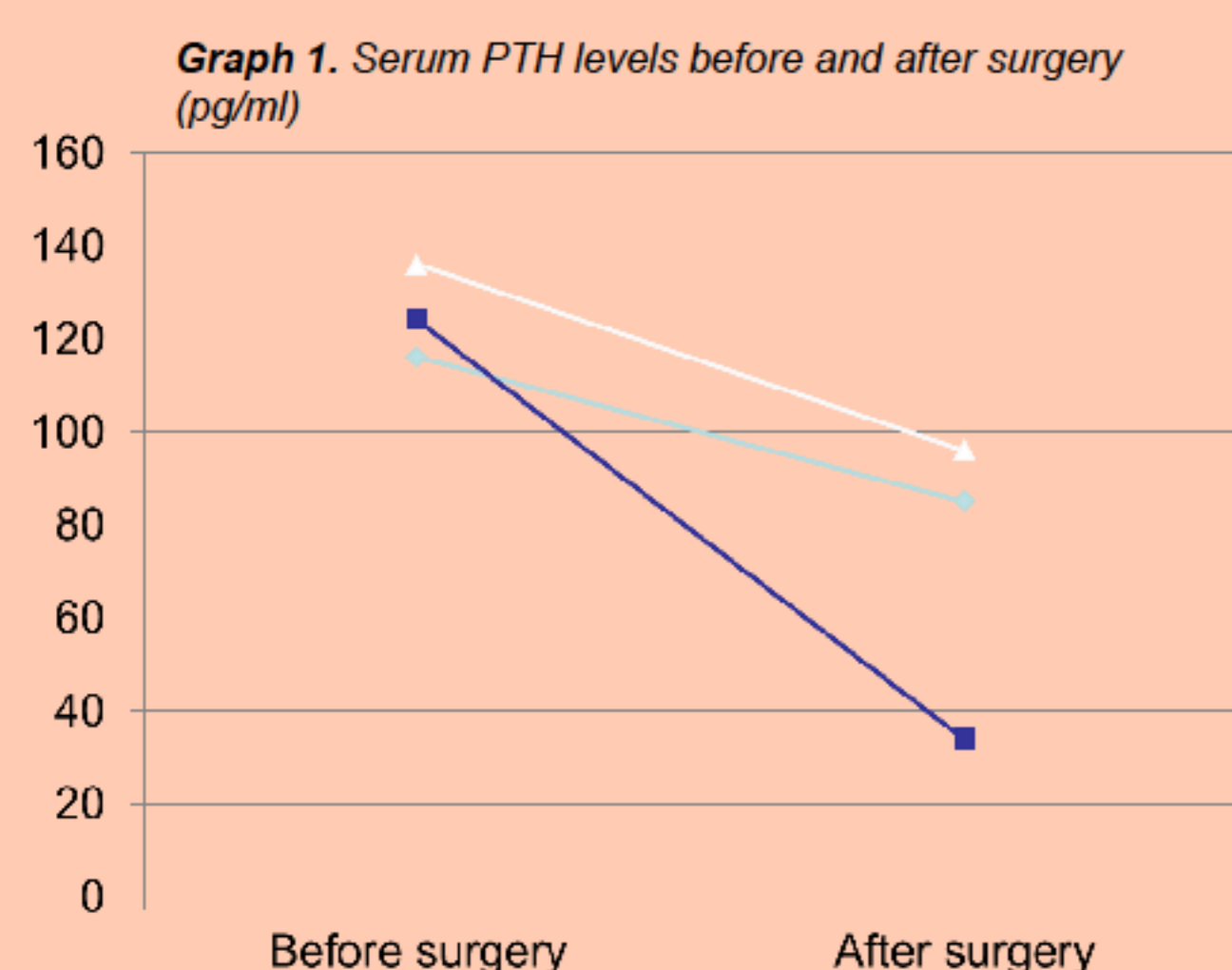
## Objectives

The aim of this study was to evaluate the impact of aldosterone excess on mineral metabolism.

## Methods

We report three patients in whom hyperaldosteronism was diagnosed during 2015 and detected simultaneously hyperparathyroidism. We recorded epidemiological data, pre- and post-surgical phospho-calcium metabolism, as well as hyperaldosteronism.

### Graphs and tables



**Table 1. Clinical and biochemical characteristics**

	Case 1	Case 2	Case 3
Potassium (mEq/l)	2,5	2,3	4,5
Hypertension	Yes	Yes	Yes
Aldosterone (ng/dl)	102	48,3	43,4
Direct renin (ng/dl)	0,1	0,3	0,3
Number of antihypertensive drugs	2	2	3
Cause of hyperaldosteronism	adenoma	adenoma	adenoma

## Results

**CASE 1:** A 38 year old male was referred for suspected hyperaldosteronism. A nodule was detected in left adrenal in TC image. Levels of PTH 150 pg/mL were objectified with normal serum and urinary calcium and phosphorus. Levels of vitamin D were 19.9 ng/mL. After left adrenalectomy, PTH levels were normalized.

**CASE 2:** A 55 years old woman referred for study of hypokalemia. Her PTH levels were 162 pg / mL with normal serum phosphorus and urinary calcium. Lesion 20 mm in left adrenal was detected in TC image. After adrenalectomy, PTH levels down to 34 pg/mL.

**CASE 3:** A 63 years old woman was referred to rule out hyperaldosteronism. She presented PTH levels of 136 pg/mL and normal levels of serum calcium and phosphorus. Vitamin D levels were 24 ng/ml. MRI image showed right adrenal injury that was removed. After surgery, PTH levels diminished.

## Conclusions

In cases of primary hyperaldosteronism is advisable to assess the phospho-calcium metabolism, especially PTH. The effect on bone hyperaldosteronism long term is still unknown. In any case the calcium / phosphorus levels were pathological. Sometimes treatment solely of hyperaldosteronism can simultaneously treat hyperparathyroidism.

### References:

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