

NHS Trust

Parathyroid Cysts - An Unusual Cause for Primary

Hyperparathyroidism

Shailesh Gohil, Vimal Venugopal, Sing Sim, Marie-France Kong, Miles Levy Leicester Royal Infirmary, Infirmary Square, Leicester, LE1 5WW, UK

Patient 1

50 O - Incidental finding of raised calcium

Phosphate Calcium Vit D PTH 3.57 mmol /l 99.5 nmol/l 0.66 mmol/l 46 nmol /l

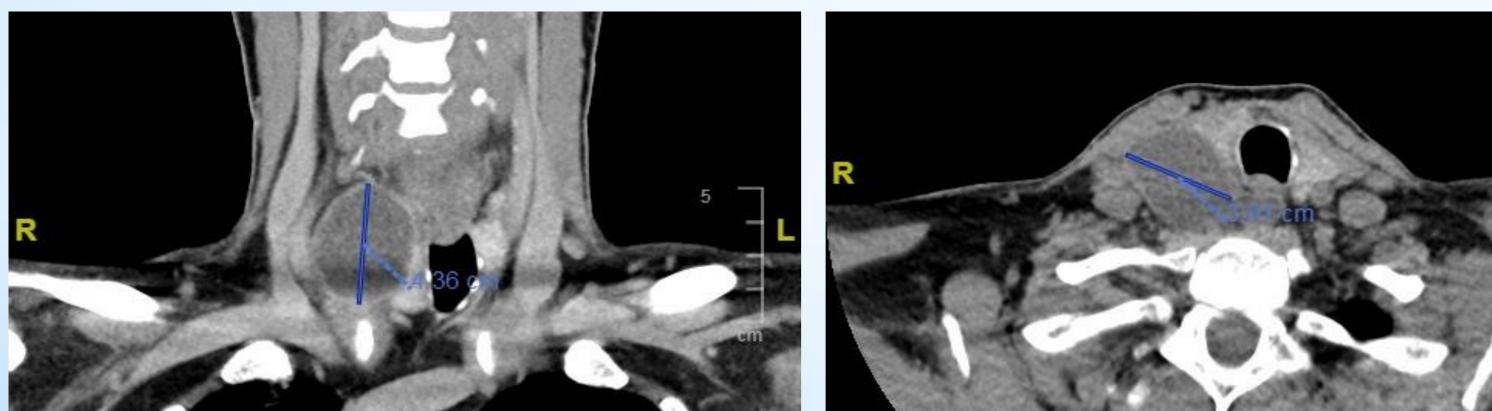
Patient 2

• 73 O⁻ - Incidental finding of raised calcium

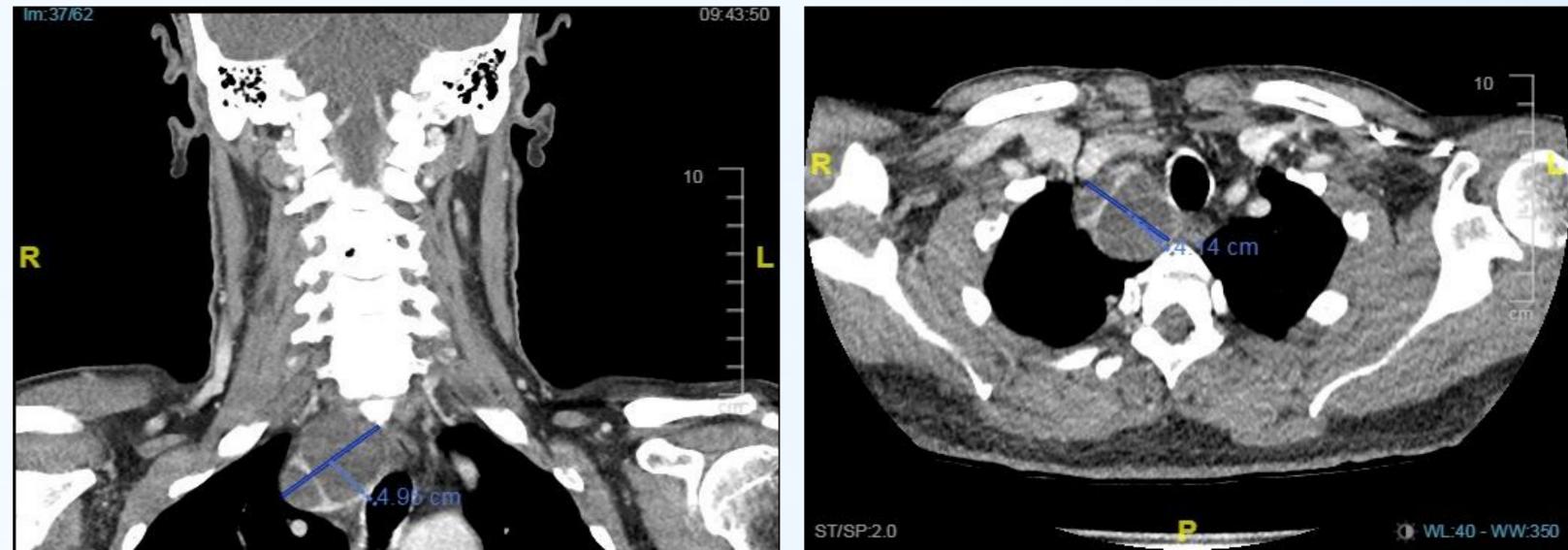
	Calcium	Phosphate	PTH	Vit D
		0.50mmol/L		28nmol/L
Normal	2.2-2.6	0.8-1.5	1.6-7.5	

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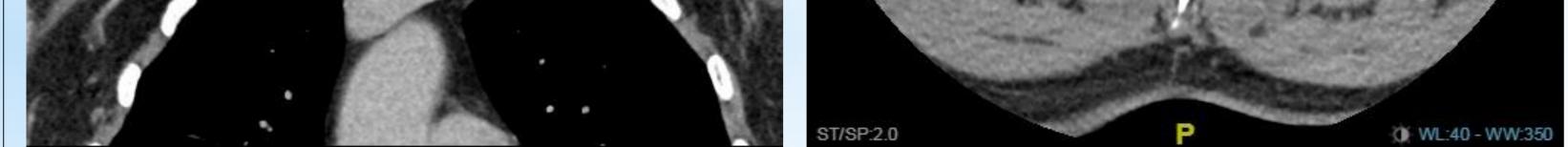
- Ultrasound neck 1.2x1.5cm left sided nodule and 3.3x3.2x1.7cm right sided cystic mass
- **Isotope MIBI** negative
- Left nodule removed
 - Histology thyroid nodule and normal parathyroid gland
- Recurrent severe hypercalcaemia with AKI
- Right sided lesion re-visited



- Asymptomatic but serial rise on monitoring
- Ultrasound neck 3.5x4.4cm right sided cyst
- Isotope MIBI scan normal
- **DEXA** normal



CT images of septated cystic neck lesion Cyst fluid aspirated and sent for PTH analysis



CT images of cystic neck lesion

- Cyst fluid aspirated and sent for PTH analysis
 - PTH > 200pmol/L
- **Right sided lesion removed**
 - Histology Parathyroid adenoma with cystic degeneration
- Hypercalcaemia resolved

- PTH >200pmol/L
- Awaiting surgical removal

Key Learning Point

If your patient has primary hyperparathyroidism with a cystic neck mass, consider aspirating it and send fluid for PTH analysis.

Parathyroid Cysts

First described in 1880 Around 300 cases reported

Rare: 0.5-1% of parathyroid lesions are cysts. Of these, only 10-15% functional Can present with incidental neck lump or primary hyperparathyroidism Only 29% positively identified on isotope MIBI scan - not sensitive for cysts Key to diagnosis is markedly raised PTH in aspirated fluid Treatments for non-functional cyst include aspiration or ethanol ablation Definitive treatment for functional cyst is surgical excision - indication same as hyperparathyroidism Malignant transformation rare

References

• Khan A, Khan Y, Raza S, et al. Functional parathyroid cyst: a rare cause of malignant hyperparathyroidism-a case report and review of the literature. Case Rep Med 2012; 2012:851941. • Pontikides N, Karras S, Kaprara A, et al. Diagnostic and therapeutic review of cystic parathyroid lesions. Hormones (Athens) 2012; 11:410. • Cappelli C, Rotondi M, Pirola I, et al. Prevalence of parathyroid cysts by neck ultrasound scan in unselected patients. J Endocrinol Invest 2009; 32:357.

