Case report of hereditary hemorrhagic telangiectasia and primary hyperparathyroidism.
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Introduction:
The diagnosis of hereditary hemorrhagic telangiectasia (HHT) is definite if 3 of the following criteria are present, possible or suspected if 2 are present and unlikely if fewer than 2 are present:
• Epistaxis. • Telangiectasias • Visceral lesions: gastrointestinal, pulmonary, hepatic, cerebral and spinal • Family history: a first-degree relative with HHT.

Case presentation:
She is 81 years lady, well-known case of HHT. She was found to have hypercalcemia on a routine checkup. Her hypercalcemia was proved to be caused by primary hyperparathyroidism. Patient’s blood tests showed hypercalcemia (serum levels of corrected calcium was 2.8 mmol/L), hypophosphatemia (phosphorus of 0.75 mmol/L), high levels of parathyroid hormone (16 pmol/L) and hypercalciuria. However, she did not have any symptoms of hypercalcemia. Total proteins and albumin levels were normal. Her vitamin D, thyroid hormones and other electrolytes were also normal. A neck ultrasound was performed, showing no notable pathologies.

Conclusion and discussion:
Here we present a case of primary hyperparathyroidism in a patient of HHT. No definite association between HHT and endocrinal disorder was confirmed before. However, a case report described the occurrence of hypoparathyroidism and HHT (1). Another case of Hashimoto thyroiditis and HHT was reported in 2006 (2).

References: