Recurrent Kidney Stones and Parathyroid Adenoma

Syed Muzamil Andrabi, Ajaz Ahmad Malik, Javaid Ahmad Bhat

Department of General and Minimal Invasive Surgery, SKIMS

A 29 year old female presented with a history of recurrent kidney stones. The patient was on medical management for recurrent kidney stones and had undergone Ureteroscopic Lithotripsy (URSL) for impacted left ureteric stone in the past. On evaluation, the patient was found to have hypercalcemia (11.8 g/dl) with raised parathyroid hormone (PTH) levels (119 ng/L). Ultrasonography (USG) of the neck revealed an 11.4 x 9.3 mm, oval, hypoechoic mass in relation to the inferior pole of the right lobe of the thyroid, likely right inferior parathyroid adenoma. 4D Computed tomography of the neck confirmed the USG findings. A

Focused Parathyroidectomy was performed. The patient is doing well on follow up.

PTH helps in regulating the body's calcium levels by acting on bone, kidney, and gut. Increased PTH production leads to hypercalcemia due to increased GI absorption of calcium, increased production of vitamin D3 and by reducing renal calcium clearance. About 80% of patients with primary hyperparathyroidism (PHPT) have some degree of renal dysfunction and about 25% of patients with PHPT have kidney stones.

Fig 1.(A) Parathyroid (B) Parathyroid Adenoma (C) Parathyroid Fat.

Fig 2.4D CT Scan showing Right inferior Parathyroid Adenoma.

Correspondence:

Dr. Syed Muzamil Andrabi, M.S
Senior Resident, Department of General and Minimal Invasive Surgery, SKIMS
Email: syedmiaz67@gmail.com

Access this article online

Website:
www.jmsskims.org

DOI:
<https://doi.org/10.33883/jms.v23i1.494>

How to cite this article: Andrabi SM, Malik AA, Bhat JA. Recurrent Kidney Stones and Parathyroid Adenoma. JMS 2020;23(1):45

Received: 2019-12-07 Accepted: 2020-01-29