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Parathyroid adenoma in a young female presenting as recurrent acute pancreatitis with a brown tumour of the mandible—A case study

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ABSTRACT

INTRODUCTION: Primary hyperparathyroidism is usually seen in females above the age of 50 years, with a prevalence of 21/1000,[1] whereas the incidence in patients aged 12–28 years is less than 5%.[2] A solitary adenoma is responsible for 80% of cases of primary hyperparathyroidism.[3] Primary hyperparathyroidism is most commonly asymptomatic.[4] The incidence of acute pancreatitis associated with hyperparathyroidism is less than 10%.[5,6] The incidence of hyperparathyroidism associated with a Brown tumour is less than 5%.[7]

PRESENTATION OF CASE: A 19 year old female patient presented with recurrent acute pancreatitis and swelling over the mandible. Complete investigative workup revealed a solitary parathyroid adenoma causing hyperparathyroidism. Surgical exploration with excision of the parathyroid adenoma was performed, following which the patient recovered uneventfully.

DISCUSSION: The patient was initially managed as a case of acute pancreatitis, and although not suspected initially, a high index of suspicion for hyperparathyroidism developed after a biopsy of the mandibular swelling showed the presence of osteoclastic giant cells indicating the possibility of a Brown tumour. Further investigations then revealed the presence of a solitary parathyroid adenoma with coexistent hyperparathyroidism which was then managed surgically.

CONCLUSION: The young age of the patient, and her presentation with acute pancreatitis and a Brown tumour of the mandible make this an extremely rare presentation of parathyroid adenoma.

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1. Case report

The patient in concern was a 19 year old female who presented with the complaints of acute onset pain in abdomen. The pain was characteristic of acute pancreatitis. The patient was three months postpartum at the time of presentation having undergone a caesarean section in her 7th month of pregnancy. She also had two prior episodes of acute pancreatitis during her pregnancy: once during her third month and the second during her 7th month. Both episodes were managed conservatively and resolved without complications.

She also frequently complained of back pain in the thoracic region and deep seated bony pain in the right hip and thigh.

She noticed a painless swelling on the left side of her jaw five months back, which appeared insidiously and gradually increased in size to its current size of around 4×4 cm.

There was no history of prior neck irradiation, neck surgery or radio-isotope administration. She had neither suffered from renal calculus disease nor been incidentally diagnosed with it in the past.

On examination, her findings were consistent with that of acute pancreatitis, with tachycardia and abdominal tenderness which was maximal in the epigastric region.

There was a globular, painless, non-tender, non-pulsatile swelling 4×4 cm in size situated over the ramus of the left side of the mandible. This swelling was hard in consistency and fixed to the underlying mandible. The swelling was not visible intra-orally. There were no signs of inflammation or sinus formation in the skin overlying and around the swelling. The swelling was free from the overlying skin. Neck examination revealed no abnormal findings or lymphadenopathy.

2. Radiological investigations

1) *USG abdomen*: An abdominal USG done at the time of admission showed changes consistent with acute pancreatitis.
2) *CT scan – abdomen*: CT scan of the abdomen confirmed the diagnosis of acute pancreatitis. There was also the presence of a $5 \times 4.9 \times 4.7$ cm sized pseudocyst in the tail region of the

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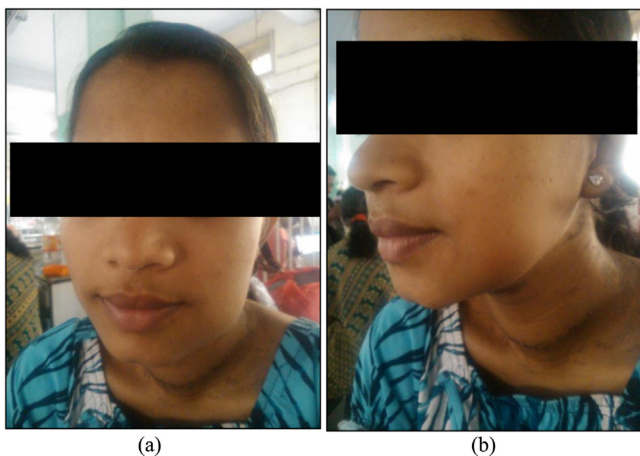

Fig. 1. Swelling present on the ramus of the left side of the mandible.

pancreas, with a wall thickness of 3 mm. There was no evidence of renal calculus disease, adrenal masses, pancreatic calcifications or pancreatic duct calculi.

3) *USG neck*: 2.4 × 1.2 cm sized hypoechoic mass was seen at inferior pole of the right side of the thyroid gland, suggestive of a parathyroid adenoma.
4) *CT scan neck*: 1.8 × 1.2 cm sized heterogeneously enhancing mass was seen on right postero-medial border of the thyroid gland near the inferior pole suggestive of a parathyroid adenoma. Lytic lesions with soft tissue components were noted on

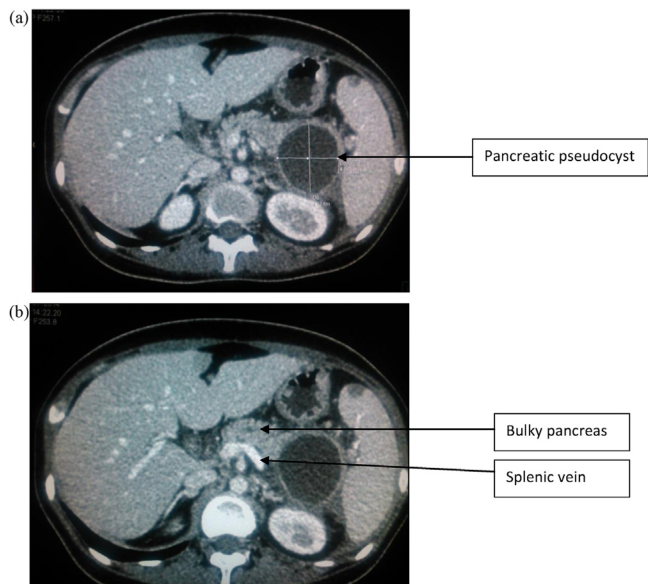

Fig. 2. (a) CT scan section demonstrating the pseudocyst in the pancreas. (b) CT scan section demonstrating features of acute pancreatitis.

Fig. 3. (a) Plain CT scan section demonstrating a parathyroid adenoma on the right side. (b) Contrast enhanced CT scan section demonstrating a well enhancing parathyroid adenoma on the right side. (c) Magnification of Fig. 3b demonstrating a well enhancing parathyroid adenoma on the right side. (d) Coronal section of contrast enhanced CT scan demonstrating a parathyroid adenoma on the right side at the inferior pole.

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