

Pseudohypoparathyroidism with Seizure: A Rare Case Report

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Introduction

Pseudohypoparathyroidism (PHP) is characterised by hypocalcaemia, hyperphosphataemia, increased serum parathyroid hormone values and insensitivity to the biological activity of parathyroid hormone. Pseudohypoparathyroidism is often associated with a characteristic phenotype known as Albright's hereditary osteodystrophy. This case was reported in order to remind PHP in patients with hypocalcemic seizures.

Case Report

A 50 year-old male patient was first admitted to our hospital with tonic-clonic generalized seizure and hypocalcemia. He has typical features of Albright's hereditary osteodystrophy, which include a round face, short neck and stature and brachydactyly. Diffuse calcifications were seen on the bilateral cerebellum, putamen and dentate nucleus in computerized tomography (figure 1). On laboratory investigation: he had serum calcium was 4,5 mg/dL, (normal 8.4- 10.8 mg/dL), serum phosphorus was 6,4 mg/dL, (normal 2.3-4.7 mg/dL), with alkaline phosphatase of 99 IU/L (normal range 30-120 IU/L). Serum magnesium level was 1.7 mg/dL, (normal 1.5-2.5 mg/dL). Intact parathyroid hormone levels were 96 pg/ml (normal 15-65 pg/ml). Hemogram, 25OH-vitamin D, liver, renal and thyroid function tests were normal. Other endocrine hormone levels were normal.

During hospitalization the calcium gluconate infusion was continued and then converted to oral calcium carbonate (2 g/day) together with oral calcitriol (1 mcg/day). The patient's seizures were considered to be associated with PHP. He never developed any seizure after treatment. He was discharged to continue the same treatment and to follow up after 3 months.

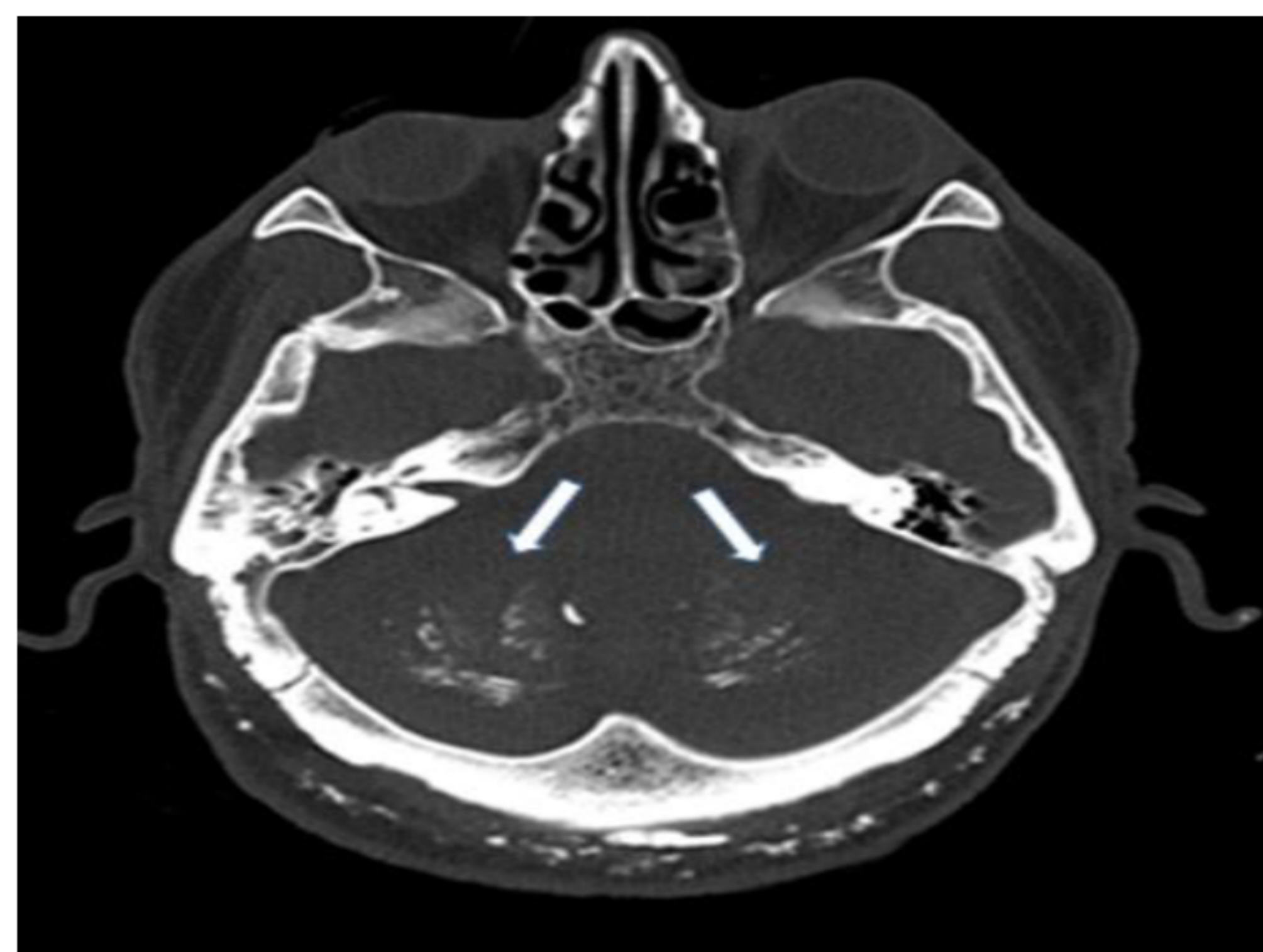


Figure 1. CT showed calcification in bilateral caudate nucleus, putamens and cerebellum.

Conclusions

Pseudohypoparathyroidism can present with unusual manifestations in the adulthood such as hypocalcaemia related seizures.

References

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