

PTHrP-associated hypercalcemia of pregnancy and postpartum resolved after delivery.

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BACKGROUND

Hypercalcemia is often a clue for the presence of unsuspected illness. The great majority of patients with hypercalcemia have either primary hyperparathyroidism (PHPT) or malignancy, although other rarer causes can be involved. During pregnancy, hypercalcemia is uncommon and mostly associated with PHPT, even though in a minority of cases it can be due to malignancy.

Hypercalcemia is a rare pathology in pregnancy and postpartum, but an important one to recognize in the effort to reduce fetal and neonatal morbidity and mortality which can be associated with hypercalcemia

CASE STUDY

We describe a case of hypercalcemia at end of pregnancy. A 30 year-old woman was referred to Endocrine clinic at 36 weeks Gestations for symptomatic mild hypercalcemia (tired and lack of energy). She had previous history of acute lymphocytic leukemia treated with bone Marrow Transplant in remission for the last 6 years. She is not taken any medication to contribute for hypercalcemia including Vitamin D treatment.

Biochemical assessment showed corrected calcium 2.8 mmol/L; renal function test were normal and Liver function test normal except raised ALP (180 U/L). Vitamin D level 75 nmol/L. Parathyroid hormone was undetectable (PTH) less than 0.3 pmol/L but parathyroid hormone-related peptide (PTHrP) was elevated at 46 pg/L (NR < 15 pg/L). She was treated with conservative treatment with close monitoring of her serum calcium during pregnancy and postpartum. The patient delivered a healthy and normal for gestational age female infant with normal birth weight. Serum calcium levels normalized after delivery and it took a few weeks for PTH to come back to normal range.

DISCUSSION

This pregnant patient presented with PTHrP-associated hypercalcemia, presumably of placental origin. Delivery resulted in prompt reduction of serum calcium levels. The release of PTHrP into maternal circulation was the most likely cause of hypercalcemia.

REFERENCES

1. Cristina Eller-Vainicher¹, European Journal of Endocrinology (2012) 166 753–756 A case of PTHrP-associated hypercalcemia of pregnancy resolved after delivery: