

ACUTE PANCREATITIS RELATED TO HYPERCALCEMIA – 1ST MANIFESTATION OF PRIMARY HYPERPARATHYROIDISM

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Poster

Pancreas

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A 43-year-old man with acute pancreatitis was found to have hypercalcemia secondary to primary hyperparathyroidism with parathyroid adenoma, bilateral renal lithiasis, and vitamin D deficiency, illustrating a rare cause of pancreatitis requiring multidisciplinary management.

KEY POINTS

- The patient presented with acute epigastric pain, fever, tachycardia, elevated amylase (639 U/L), and was diagnosed with acalculous mild acute pancreatitis with BISAP score of 1.
- Etiological investigation revealed hypercalcemia (11.3 mg/dL), elevated parathyroid hormone (214 pg/mL), severe vitamin D deficit (8.98 ng/ml), and cervical ultrasound identified a parathyroid adenoma.
- CT urogram demonstrated bilateral radiopaque renal lithiasis following an episode of unilateral flank pain and hematuria.
- Management involved multidisciplinary collaboration with Endocrinology and Urology, oral hydration, vitamin D supplementation, tamsulosin, with planned bone densitometry and surgical adenoma treatment; the patient was discharged after 8 days with favorable clinical evolution.
- Hypercalcemia is a rare cause of acute pancreatitis (prevalence 1.5-7%), and this case illustrates the presentation with multiple manifestations of primary hyperparathyroidism.

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