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OSTEOPOROSIS IN PATIENT WITH MULTIPLE ENDOCRINE NEOPLASIA

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Objective: An important part of diagnostic and treatment of osteoporosis is the exclusion of secondary forms resulting from various pathological conditions and diseases. Multiple endocrine neoplasia type 1 (MEN 1) is an autosomal-dominant disease. Primary hyperparathyroidism (PHPT) is often associated with MEN 1 and often had a recurrent course, despite successful parathyroidectomy. Osteoporosis is considered a complication and an indication for parathyroidectomy.

Case report: 50 years old female had a complain on lumbar bone pain. She was operated earlier for insulinoma and received oral hypoglycemic therapy. The patient had a history of right nephrectomy for urolithiasis. On admission DXA showed L1-4 T-score=-2,9 SD. During the examination ultrasound showed pathological zone near the left lobe of thyroid gland (parathyroid gland?) Later laboratory investigations confirmed primary hyperparathyroidism: parathormone (PTH) 184 pg/ml (15-65). Subtotal parathyroidectomy was performed. In the postoperative period PTH became normal range 39.5pg/ml (15-65), but 2 years later increase in PTH 82 (15-65) and serum calcium 2.59 mmol/l (2.2-2.55) was revealed again. Creatinine was 108.9 umol/l, GFR 53 ml/min/1.73 m² HbA1c 6.61%. Scintigraphy was performed and a parathyroid adenoma near the right lobe of thzroid gland was detected. Right parathyroidectomy was performed. All the time the patient was treated with bisphosphonates. DXA showed increase in BMD; L1-4 T-score improved to 0.3 SD, total hip – 0.6, -0.7 SD.

Conclusion: In this case parathyroidectomy improves bone mineral density in patient with primary hyperparathyroidism in the setting of MEN 1.