

# A Rare Presentation of Primary Hyperparathyroidism - Massive Uterine Fibroid Calcification

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## Abstract

Uterine fibroid is estrogen dependent and rarely seen in post-menopausal females. Degenerative changes like calcification can occur in long standing cases of uterine fibroid. However, extensive calcification is rarely seen. Primary hyperparathyroidism manifest with calcification in various organs. We report a 63-year female presenting with lower abdomen pain, who was found to have dense fibroid calcification and on work up was found to have primary hyperparathyroidism with raised PTH and serum calcium levels.

## Keywords

Uterine fibroid, Calcification, Hyperparathyroidism, Hypercalcemia

## Case

A 63-year-old post-menopausal female with no significant past medical history was presented with lower abdomen pain of 2 months duration. General physical and systemic examination was normal. Ultrasound revealed multiple uterine fibroid with surface calcification. X-ray of pelvis showed multiple scattered radio opaque deposits in the pelvis (Figure 1). Non-contrast CT of pelvis (axial

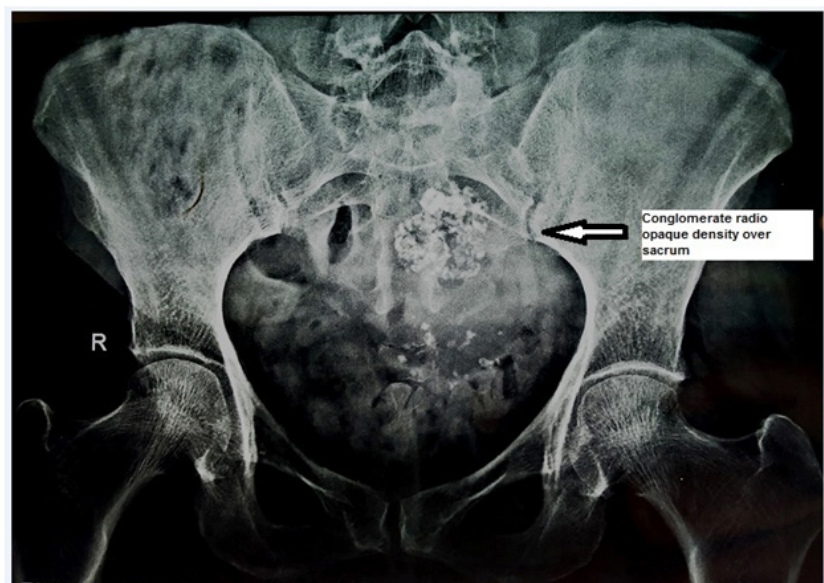
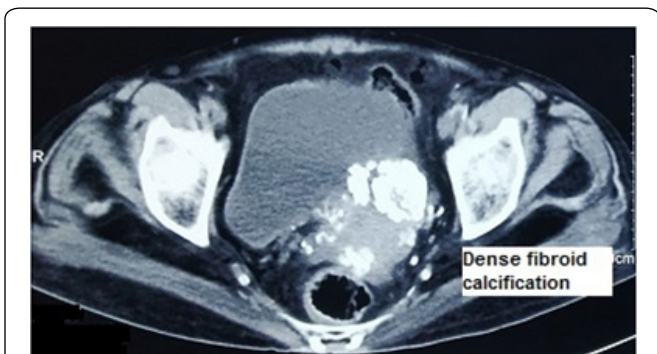


Figure 1: X-ray of pelvis showing conglomerate radio opaque density deposits in the pelvis over the sacral bone.



**Figure 2:** Non-contrast CT of abdomen axial cut showing partially distended bladder with multiple studded uterine fibroid with extensive calcification.



**Figure 3:** Non-contrast CT of abdomen sagittal cut showing dense uterine fibroid calcification in posterior relation to urinary bladder.

and sagittal cuts) confirmed multiple small uterine fibroids involving whole uterus with dense calcification (Figure 2 and 3). Routine hemogram, renal and liver function test were normal. Metabolic work up revealed serum calcium - 12.2 mg/dl and serum parathyroid hormone - 394 pg/ml. <sup>99m</sup>Tc Sestamibi scan showed right inferior parathyroid adenoma of size 2.5 x 2.3 cm. Patient underwent uneventful parathyroid adenoma excision surgery. Serum calcium and PTH in the follow up period were normal. Patient is planned for hysterectomy. Uterine fibroid is hormonal dependent and seen in reproductive age group, however it may manifest in post-menopausal women. Calcification is seen in 8% of fibroids. Extensive fibroid calcification is rare and metabolic work up should be done. Hypercalcemia is known to cause calcified deposits in various organs. Primary hyperparathyroidism presenting with dense fibroid calcification is not yet reported.

### Conflict of Interest

The authors declare no conflict of interest.