P47

신이식후 동반된 부갑상샘종에 의한 3차 부갑상샘 항진증 환아

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A Child with Tertiary Hyperparathyroidism Secondary to Parathyroid Adenoma after Kidney Transplantation

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Introduction : Tertiary hyperparathyroidism is uncommon after kidney transplantation (KT) in children. The disorder is characterized by persistently elevated serum calcium and increased or inappropriately high-normal parathyroid hormone (PTH) levels. We report a 13-year-old boy with tertiary hyperparathyroidism secondary to multiple parathyroid adenomas after KT.

Case : This 13-year-old boy was diagnosed with familial juvenile hyperuricemic nephropathy at 4 years of age. Peritoneal dialysis was started due to end stage renal disease (ESRD) at 9 years of age. On family history, his eldest sister also had progressed to ESRD secondary to same disease. He had been treated with phosphate binder and vitamin D analogue for 3 years before KT. Serum calcium range was 9.0-10.4 mg/dL, phosphorus 3.4-7.4 mg/dL, alkaline phosphatase 197-1270 IU/L, and intact PTH 988-1854 pg/mL (normal range 10-65) during these 3 years. He underwent successful cadaveric KT at 11 years of age. Renal function has been stable during 2 years after KT. However, serum calcium and intact PTH level have been persistently elevated (Ca 10.7-13.2 mg/dL, intact PTH 72-181 pg/mL). He has been followed up without specific treatment because he had no symptom. On parathyroid scan, multiple parathyroid adenomas were detected in the right thyroid lower pole, left thyroid upper and lower pole. We are trying to manage this patient with cinacalcet.

Conclusion : We report a child with tertiary hyperparathyroidism secondary to multiple parathyroid adenomas after KT.