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Case of 23-year-old woman who are undergoing hemodialysis with leg mass.

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Case Study:

Mineral and bone disease commonly associated with CKD patient mostly who are receiving hemodialysis. Although bone changes including osteopenia, osteitis fibrosa, and osteomalasia in CKD patient is common, it is rare presentation with bone mass. We report a case of young woman who complaint left lower leg mass with secondary hyperparathyroidism who are undergoing hemodialysis for 9 years.

Case : 23 year old woman visited nephrology outpatient clinic with palpable mass in left leg. She was diagnosed as nephrotic syndrome when she was 10-year-old, receiving hemodialysis 9 years ago. She already both lower legs amputated state at the knee level 9 years ago, because of septic shock and necrosis of both lower legs. Since then, she has been using artificial legs without any problem. However, 1 month ago, she's been feeling uncomfortable with these legs because of left knee palpable mass and artificial legs not suitable for her hinge of knee. Initial laboratory data showed hyperphosphatemia and hypercalcemia. [Tca:11.0, P: 7.6 (mg/dL)]. The serum PTH level was elevated to 1095 mg/dL. The laboratory findings show that secondary hyperparathyroidism with renal osteodystrophy. The parathyroid MIBI scan and neck CT showed hyperfunctioning parathyroid gland in left anterior neck. Left parathyroidectomy was proceeded to this patient. After parathyroidectomy, the serum PTH level was lowered (PTH : 120.6mg dL and serum Ca level diminished(Total Ca: 8.0mg/dL) . And also, left lower leg mass (osteo fibrosa cystica) was decreased significantly after subtotal parathyroidectomy. The pathologic study of parathyroid gland confirms that parathyroid hyperplasia. After one week after parathyroidectomy, she did not more than complaint about left leg mass and discharge.

parathyroid MIBI scan

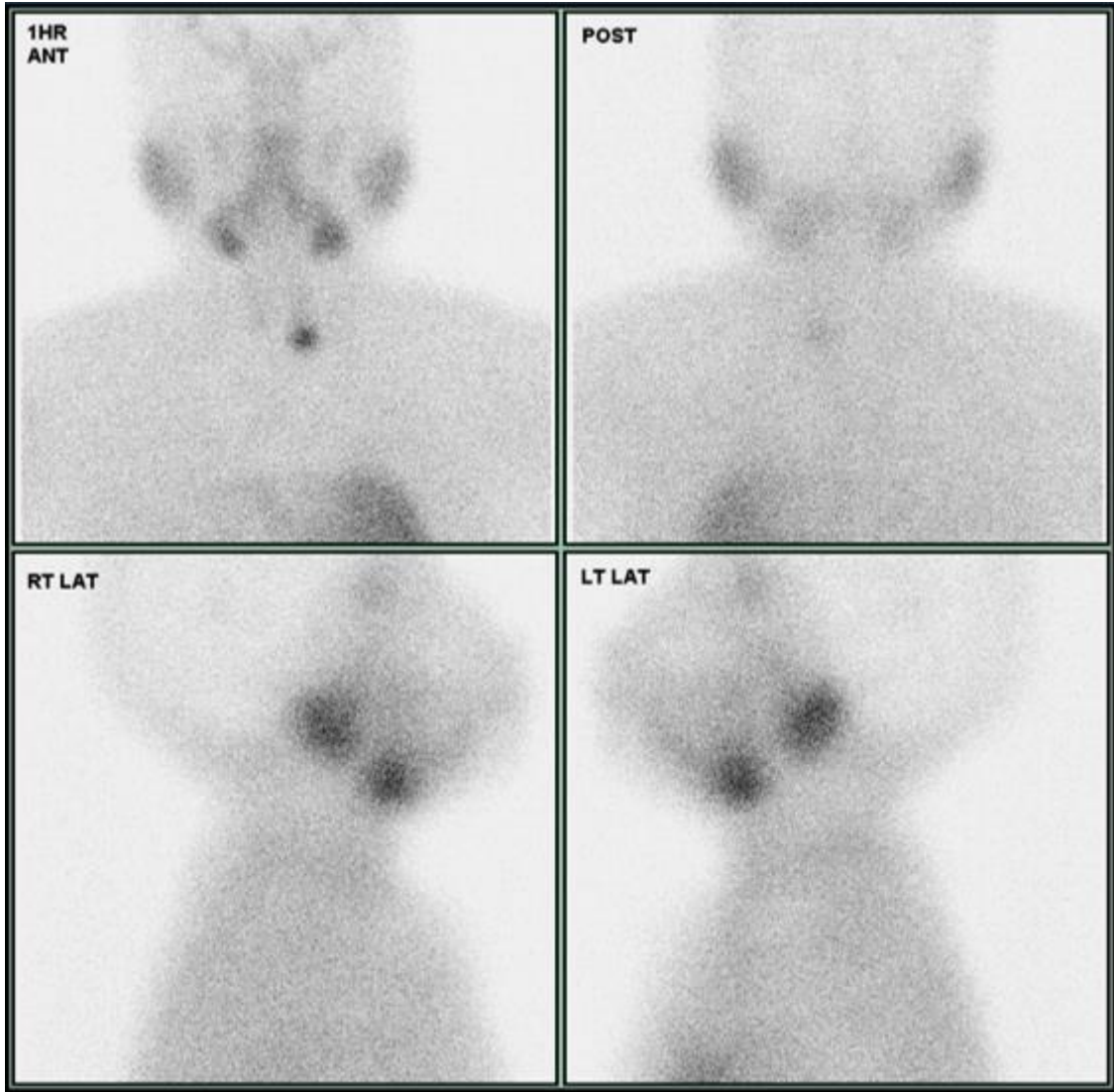


Figure 2. comparison of Lt. lower leg X-ray images (pre-op/ post-op)

