## **ENDOCRINE IMAGE**

# Pancreatic Calcification in Primary Hyperparathyroidism

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We present a case of 38-year-old male who presented with history of recurrent renal stones since 15 years, with occasional upper abdominal discomfort without any acute attack of pancreatitis. X-ray kidney urinary bladder (KUB) showed multiple pancreatic calcification (Fig. 1). A diagnosis of primary hyperparathyroidism (PHPT) was made [raised ionized calcium levels and raised intact parathyroid hormone (iPTH)]. Localization studies revealed right inferior parathyroid adenoma [(SESTAMIBI scan and ultrasonography (USG) neck]. Endoscopic (chest wall approach) parathyroidectomy was successfully performed. Intraoperative parathyroid hormone (IOPTH) showed curative fall. Postoperatively, patient required calcium and vitamin D supplements for hungry bone syndrome.

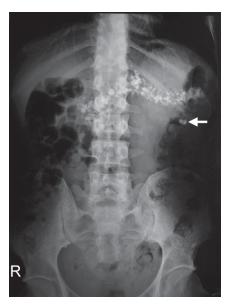


Fig. 1: Multiple coarse calcific foci seen at the level of L1, L2 vertebrae oriented transversely crossing midline following the pancreatic contour suggestive of pancreatic calcification. Calcific foci seen over left renal fossa likely left renal calculi (arrow)

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