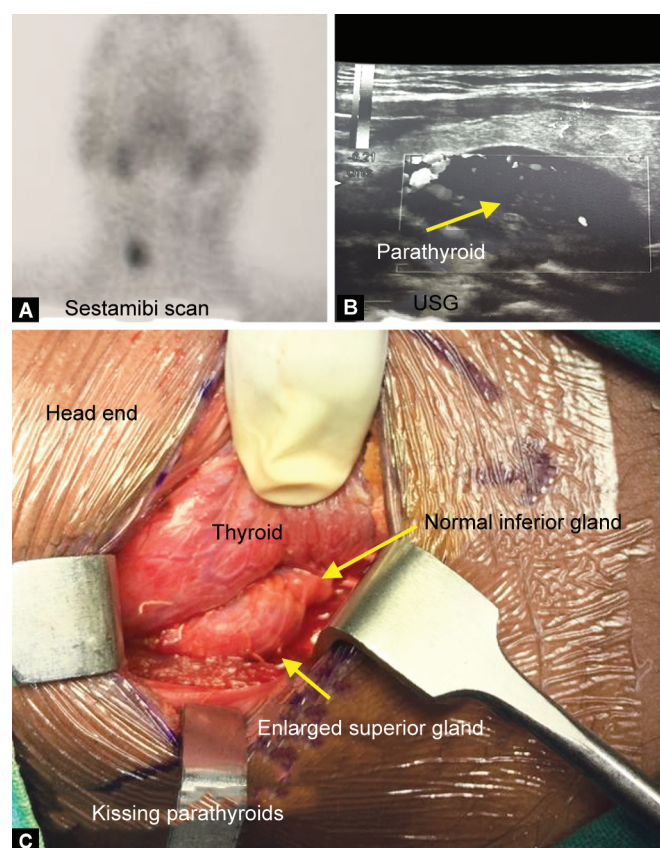


# Kissing Parathyroid Glands: Can be Mistaken for a Single Bilobed Gland

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A 28-year-old man with h/o recurrent calculi since the age of 23 years was admitted with recurrent vomiting and severe weakness in another hospital where he was evaluated and was found to



**Figs 1A to C:** (A) Sestamibi scan; (B) Ultrasound image; (C) Intraoperative picture showing kissing parathyroid glands

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be having high calcium (>15 mg/dL) and elevated parathyroid hormone (946 pg/mL). The patient was managed with IV fluids with which he improved and then was referred to our institute. With high serum calcium and high PTH, a diagnosis of primary hyperparathyroidism was made and localizing investigations were done. High-frequency ultrasound and sestamibi scan were suggestive of right inferior parathyroid adenoma. The patient was taken up for surgery and unilateral exploration was planned with intention to do inferior parathyroidectomy. However, to our surprise, intraoperatively, instead of inferior gland, the right superior gland was found to be enlarged and kissing the normal inferior parathyroid gland. The importance of kissing parathyroid glands lies in the fact that they can be mistaken for a single bilobed gland<sup>1</sup> especially when the pre-op imaging does not match with intraoperative findings. Hence, the surgeon should be aware of this entity to avoid surgical misadventures! (Fig. 1).

## REFERENCE

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