

Clinical Image

Mediastinal Parathyroid Lipoadenoma[☆]

Lipoadenoma paratiroideo mediastínico

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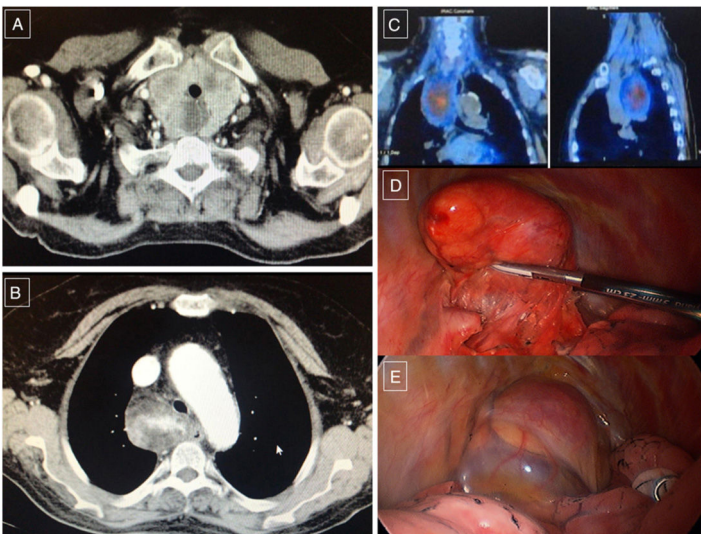


Fig. 1. (A and B) CT scan showing mediastinal tumor. (C) SPECT showing tracer uptake in the mediastinal lesion. (D and E) Intraoperative findings of the thoracoscopic dissection of the mass.

We report the case of a 76-year-old patient who had been admitted on several occasions for severe hypercalcemia. Her calcium and PTH levels rose to 18.3 mg/dl and 1016.9 pg/ml, respectively. Scintigraphy/SPECT and chest CT scan (Fig. 1) revealed a multinodular goiter with intrathoracic component and a right paratracheal

mass measuring 5 cm×5 cm×8 cm extending to the middle and posterior mediastinum. Endobronchial ultrasound biopsy showed parathyroid lipoadenoma.

First, total thyroidectomy was performed via a midline Kocher's incision. In the same surgical act, the mediastinal mass was resected by video-assisted thoracoscopy (Fig. 1). After removal of the mass, the PTH blood concentration fell to 300 pg/ml, and values normalized in the following days. Histopathology confirmed the diagnosis of parathyroid lipoadenoma.

The patient is currently asymptomatic and disease-free, 7 months after surgery.

Parathyroid lipoadenoma is a rare cause of hyperparathyroidism¹ which can go unnoticed. This entity should therefore be borne in mind during the differential diagnosis of mediastinal tumors, and video-assisted thoracoscopy should be considered. Our patient presented a large mass weighing 90.1 mg, which was successfully resected by video-assisted thoracoscopy.

Reference

1. Yoon V, Treat K, Maalouf NM. Ectopic atypical parathyroid lipoadenoma: a rare cause of severe primary hyperparathyroidism. *J Bone Miner Metab.* 2013;31:595–600.

[☆] Please cite this article as: Triviño A, Varela J, Ayllón S. Lipoadenoma paratiroideo mediastínico. *Arch Bronconeumol.* 2020;56:323.

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