Title: Poster; Recurrent Admissions due to Resistant Hypercalcemia of Malignancy

Main Author: Dr Amir Hayat

Co-Author: Dr Ivana Lutchman

Case Presentation: A 61 year old patient admitted with agitation, poor appetite, nausea and constipation for three days on background of hypertension and Type 2 Diabetes Mellitus. She was diagnosed with right-sided breast cancer a year ago for which modified radical mastectomy was performed and she was then put on aromatase inhibitor. This was her second admission in 4 months with same symptoms.

Examination: On examination, her Glasgow coma scale was 15/15 but she appeared quite lethargic, dehydrated and had pallor. No neurological abnormality was found. Rest of systemic examination revealed no abnormal findings.

Initial Investigation: Venous blood Gas showed normal PH, HCO3, Lactate, Glucose and Electrolytes. The vitals were normal. Urgent Computed Tomography scan Head showed no acute intracranial lesion.

Further Investigations: The blood investigation showed anaemia (haemoglobin 80mg/dL) and hypercalcaemia (3.1mmol/L). The albumin levels were 33g/dl. The inflammatory markers, liver and renal function tests, urine dipstick were within normal limits. The parathyroid hormone and vitamin D3 levels were also in normal limits.

Radiology: The chest radiograph was normal. Compute Topography scans of chest abdomen and pelvis was done to find any new lesion but it was negative. A bone scan was arranged for possible bone metastasis but it was negative as-well.

Management: The patient was managed with intravenous fluids and zoledronic acid infusion. Serum Calcium levels were checked after 48hours and it showed an improvement.

Follow-up: A follow-up appointment was arranged in ambulatory care to check the serum calcium levels.

Email: amir.hayat@nhs.net
Contact: 00447545460153
Darent Valley Hospital
Dartford and Gravesham NHS Trust
Dartford, United Kingdom