

Long case presentation

File number: (00250130)

Ward: 300B

Bed: 1C

Latifa Al-Hussein a 52 years old Saudi female housewife living in Riyadh, a known case of polycystic kidney disease and on dialysis 3 days a week, admitted electively for subtotal parathyroidectomy on 21 January 2019. With no neck pain, no dysphagia, no hoarseness and no dyspnea.

History of presenting illness:

She has been complaining of joint pain especially in the knees and back pain in the last 10 years after she was diagnosed with End stage renal failure caused by the polycystic kidney disease and started on dialysis. She also complained of fatigue and said that she cannot climb the stairs. She also has sleep disturbance and she cannot sleep well at night in the last 10 years. She mentioned that she has been feeling depressed in the last year.

She also has hair loss, dry skin, heat and cold intolerance.

She has no alternation in bowel habits, no nausea or vomiting, no palpitation, no change in appetite, no change in her weight, no abdominal pain, no polydipsia, no lower limb edema, no exophthalmos and no change in urination.

She has no weight loss, no fever, but she mentioned that she sometimes has night sweating.

No history of renal stones, and she denies any flank pain.

Systemic review:

- **CNS:** she sometimes has headache, no vision problem, no hearing problem, no loss of consciousness, no Motor or Sensory Disturbance.
- **GIT:** Unremarkable as she has no dysphagia or odynophagia, no nausea or vomiting, no abdominal pain, no change in bowel habits and no change in stool color.
- **Cardiovascular:** Unremarkable as she has no chest pain, no shortness of breath, no palpitation, no syncope or intermittent claudication.
- **Respiratory:** Unremarkable as she has no chest pain, no shortness of breath, no cough or sputum, no hemoptysis and no wheezing.
- **Urinary:** Unremarkable as she has no change in urination frequency or amount, no change in urine color, no dysuria, no urgency, no nocturia.
- **Skin:** she only noticed the dry skin, but she has no bruising or skin lesions.

Past medical history:**Chronic illnesses:**

- She was diagnosed with hyperparathyroidism 20 years ago and she is taking medication for it which she is compliant on, she follows up with her doctor regularly which told her 5 months ago that the medication is no longer effective, and she needs surgery to remove the parathyroid gland.
- She was diagnosed with polycystic kidney disease 10 years ago and developed end stage renal failure and started on peritoneal dialysis 3 days a week.
- No history of diabetes or hypertension.
- No history of blood transfusion.
- No allergies.

Past surgical history:

- C-section 18 years ago with no complications
- 4 surgeries to establish an opening for peritoneal dialysis in the last 8 years with no complications.

Medications history:

- Rovastatin 20 mg PO OD.
- Cinacalcet 60 mg PO OD.
- Sevelamer carbonate 800 mg oral OD.
- Alpha calcitriol 0.5 mcg PO OD.

OB\GYNE:

- She is menopause since 4 years.
- Her first menstrual period was when she was 12 years old.
- She had 9 pregnancies with no miscarriages.
- 8 natural births and 1 cesarean section.

Family history:

- Her mother died at the age of 30 years with no chronic illnesses.
- Her father is alive and healthy with no chronic illnesses or similar condition.
- Siblings: alive and healthy and no chronic illnesses or similar condition.
- Her daughter was diagnosed with polycystic kidney disease one year ago at the age of 31 years. All of her other children are alive and healthy.
- No family history of Hyperparathyroidism or hypoparathyroidism.
- No family history of diabetes or hypertension.
- No similar episodes in the family.

Social history:

- Married and has nine children, living in Riyadh with her family.
 - No history of smoking, Alcohol or drug abuse.
 - She travelled to Singapore 1 year ago.
 - Diet: she is eating a healthy diet.
-

Physical Examination

General appearance:

Middle age woman lying comfortably on the bed, not in pain or distress, normal body built, conscious and cooperative, oriented by time, place and person. Didn't look jaundiced cyanosed, connected to an IV cannula which is not attached to any fluid.

Vital signs:

- Blood pressure: 132\76 mm Hg
- Temperature: 37 degrees
- SPO2: 98%
- Pulse: 72 beats per minute with a regular rhythm, good character and volume and no radio-radial delay.
- Respiratory rate: 16

Hands:

She had a dry skin but no paleness, no muscle wasting, no scars or skin lesions. no clubbing, no leukonychia, no koilonychia, no palmar erythema, no dupuytren's contracture. No fine tremors or twitching. And a normal capillary refill.

Arms:

She has 2 Arteriovenous fistulas in her left arm and bruising in her right arm.

Eyes:

No lid retraction or exophthalmos.

Neck examination:

- On inspection: the neck was covered by a dressing (Post parathyroidectomy), But there was no obvious masses or asymmetry.
- On palpation: No tenderness, and the thyroid moves with swallowing, no tracheal deviation, no palpable lymph nodes and no palpable masses or enlargement.

Cont. Neck examination:

- On percussion: no retrosternal dullness.
- On auscultation: no bruits over the thyroid.

Lower limb examination:

Both limbs are present with no missing toes, no lower limb edema, no scars or ulcers, no tenderness over the bones. The temperature was normal, and the peripheral pulses were palpable with a regular rhythm.

Abdomen:

Her abdomen was soft and lax with no tenderness, 4 scars for the peritoneal dialysis and a C-section scar.

Hospital course:

Since she was admitted in in 21 January 2019, investigations include:

1. CBC, and the results are:

- PTH (212.00) which is High.
- FT4 (9,67) which is Low.
- FT3 (4.76) which is normal.
- TSH (1.31) which is normal.

2. Ultrasound guided Fine needle aspiration.**3. Subtotal parathyroidectomy, Hemi-Thyroidectomy and Auto implantation.**

She was seen doing well and her condition is improving, her voice sounds good, no peri-oral numbness and no vomiting.