



A Large Functioning Water Clear Cell Functioning Parathyroid Adenoma

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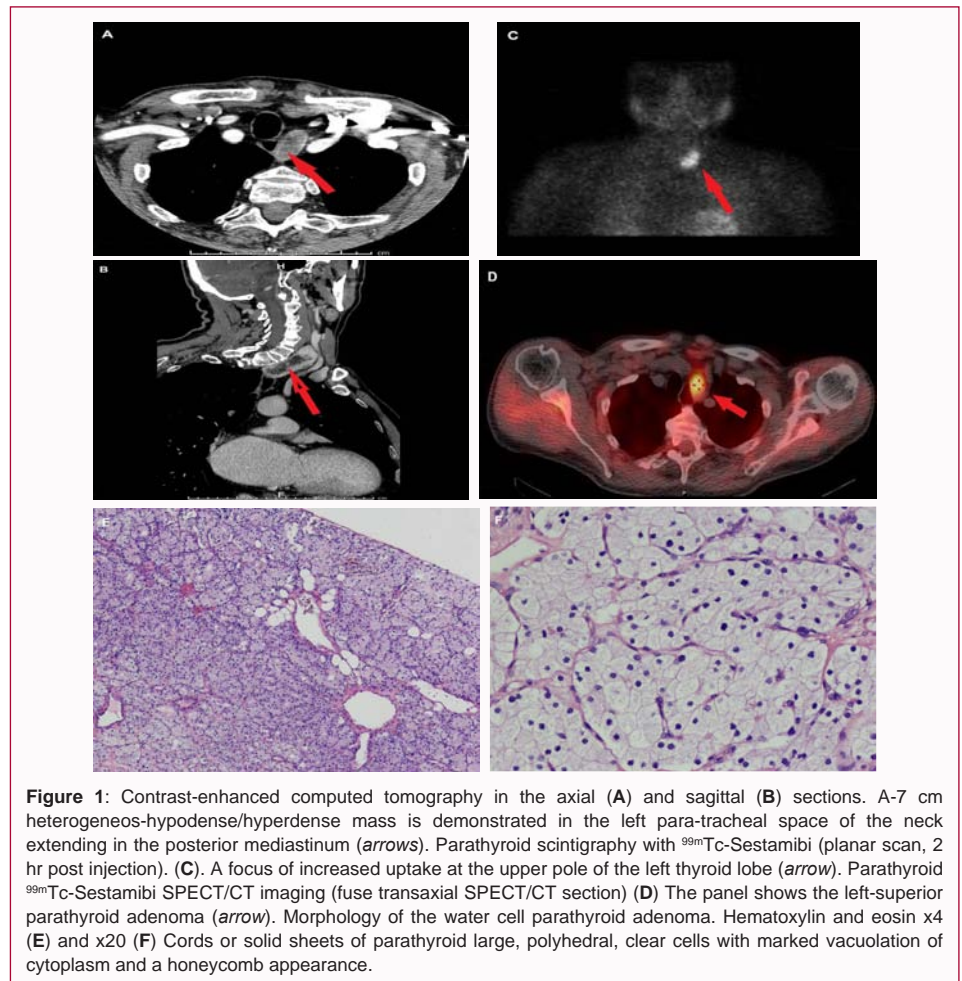
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Clinical Image

A 76-year-old man was referred to the Endocrine Unit for Primary Hyperparathyroidism (PHPT).

The patient appeared in good health. Serum calcium and PTH levels were 11, 9 mg/dL (NR: 8.6–10.2), and 75 ng/L (NR: 8–40), respectively. A 7-cm lump was identified at neck ultrasound and Computed Tomography (CT) (Figure 1, panels A,B). ^{99m}Tc-Sestamibi scan showed an intense uptake in left para-tracheal region (Figure 1, panels C,D). The patient underwent surgery. Microscopic examination showed an encapsulated mass with small nodules, cords or solid sheets of parathyroid large, polyhedral, clear cells with marked vacuolation of cytoplasm and a honeycomb appearance (Figure 1, panels D,E). Immunohistochemical analysis was positive for PTH and chromogranin. These findings were consistent with the diagnosis of water-clear cell parathyroid adenoma, a rare cause of PHPT [1-2].



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After surgery, the patient's calcium level decline and normocalcemia was confirmed during follow-up. The patient gives written informed consent to publish the case.

References

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