Diffuse Lungenverkalkungen bei renal bedingtem, autonomem Hyperparathyreoidismus

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HISTORY AND CLINICAL FINDINGS: Two years after a first renal transplantation a 53-year-old man suffering from slowly progressing renal failure had developed progressive amyasthenia and myalgia in his legs and arms, but no dyspnea. Clinical examination, especially for neurological and respiratory abnormalities, was unremarkable. INVESTIGATIONS: Laboratory tests revealed a slightly raised calcium level and an extremely high parathormone (PTH) level. The chest x-ray revealed apical infiltrates, which were interpreted as diffuse pulmonary calcifications caused by hyperparathyroidism. TREATMENT AND COURSE: "Tertiary" hyperparathyroidism was diagnosed. After resection of five hyperplastic parathyroid glands the muscular symptoms disappeared, but the lung infiltrates persisted. Four years later a second renal transplantation was necessary. Five years thereafter the patient died of congestive heart failure caused by coronary, hypertensive and valvular heart disease. CONCLUSION: In patients with chronic renal failure and pulmonary infiltrates - with or without respiratory symptoms - calcifications in the context of hyperparathyroidism have to be considered. Calcifications in the lung occur with several other diseases and have a variety of clinical presentations. Prognosis is related to the underlying disease.

type: journal paper/review (Deutsch)
date of publishing: 23-2-2007
journal title: Deutsche medizinische Wochenschrift (1946) (132/8)
ISSN print: 0012-0472
pages: 375-8