

中文題目：副甲狀腺亢進與乾燥症：一病例報告與文獻回顧

英文題目：Hyperparathyroidism and Sjogren Syndrome: A Case Report and Review of the Literature

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Introduction:

Primary hyperparathyroidism (HPT) is the third most common endocrine diagnosis. It is diagnosed by a high serum calcium level and elevated parathyroid hormone (PTH) hyperparathyroidism. As the example of autoimmune polyglandular syndrome type 1, parathyroid gland is a possible target of autoimmune diseases. Here, we report a patient with Sjogren syndrome and HPT.

Case report:

A 69-year-old woman was seen in the Rheumatology Clinic of our hospital because of pain and swelling of bilateral PIP and MCP joints for 2 months with morning stiffness about one hour. Approximately 9 years earlier, the patient had begun having dry eye and dry mouth. She had seen an ophthalmologist of our hospital. Schirmer tests showed positive results (OD 2mm; OS 1mm in 5 minutes). Keratoconjunctivitis sicca ou was the diagnosis. She has hypertension.

On physical examination, the blood pressure was 159/75mmHg, the pulse 63/min. There were swelling and tenderness of bilateral first, second and third MCP joints, and Heberden's nodes of bilateral small fingers. Laboratory examinations revealed serum Ca^{++} was 12.7mg/dl; free Ca^{++} 1.63mmol/L; phosphate 1.9 mg/dl; BUN 35.2mg/dl; creatinine 1.4mg/dl; uric acid 8.5mg/dl; PTH-I 237.3 pg/ml; positive ANA and anti-Ro (SSA) antibody (49.2 U/ml, normal <7 U/ml); positive Anti TG and anti TPO antibodies; but normal thyroid function tests. Radiography of both hands showed OA changes in the DIP joints, no evidence of chondrocalcinosis in the wrists. Bone densitometry showed T-score was -2.52 in left hip joint and -0.91 in lumbar spine. Sjogren syndrome and HPT were the diagnosis. The treatment included prednisolone, NSAID, hydroxychloroquine and Fosamax. Parathyroidectomy was suggested.

Discussion:

There is no case report of Sjogren syndrome combined with HPT in Pubmed. Although it is possible that HPT and Sjogren syndrome coincidentally happen in a patient, there are case reports, describing patients with HPT and some autoimmune disease, who had anti calcium-sensing receptor auto antibodies. Especially in the elderly, serum calcium concentration should be checked to differentiate the possible causes of acute or chronic arthritis.