

# Sleepiness with Dysphasia and Vomiting

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## Abstract

Increasing calcium has dangerous for health and organ systems such as brain, heart, kidneys, bones and digestive system. The 80 years old woman with sleepiness, nausea, vomiting, dysphasia and femoral neck fracture was admitted to hospital. Diagnostic methods were in blood tests she had high calcium level was 14.5 mg/dL and high parathyroid hormone more than 250 pg/ml. She treated with medicine and fracture surgery with spinal anesthesia but after 5 months had sestamibi scan and one radiofrequency ablation for parathyroid disease. This disorder must be diagnosed very soon and treated with medicine and surgery.

**Keywords:** Sleepiness, Dysphasia, Vomiting, Hyperparathyroidism

## Introduction

Hyperparathyroidism is an endocrine disease with increase in parathyroid hormone and calcium in blood and decrease in phosphate level.<sup>1-3</sup> Increasing calcium has dangerous for health and organ systems such as brain, heart, kidneys, bones and digestive system.<sup>4-6</sup>

Hyperparathyroidism has two or three forms: Primary, secondary and tertiary hyperparathyroidism.<sup>7-10</sup> Primary hyperparathyroidism is related to hyperplasia of glands, adenoma and cancers. Secondary hyperparathyroidism is related to chronic kidney diseases and vitamin D3 deficiency or related disorders. Tertiary hyperparathyroidism is caused by untreated secondary hyperparathyroidism and enlargement of glands with hyperactivity.<sup>9,10</sup>

Symptoms and signs are fatigue, illness, confusion, loss of memory, limbs pain, constipation, nausea, vomiting and signs of cardiac, kidney and bone disorders and complications.

Diagnostic methods are neck sonography and sestamibi scan are the best. Blood tests and bone densitometry are useful too.

Treatment are medicine and surgery related to the cause of hyperparathyroidism.

**History;** A 80 years old woman had some symptoms from 3 years ago; walking or gate disorder. She walked with walker as an aid device.

Symptoms and signs were gate disturbances, nausea, vomiting, recent memory loss, delusions, dysphasia, sleepiness, hyperthermia.

Complications were left femoral neck fracture with falling from the bed with 30 cm height and decrease consciousness. She was hospitalized and the consciousness was lower than previous. Most of the time was asleep. She admitted to intensive care unit or ICU.

Diagnostic methods were in blood tests she had high calcium level was 14.5 mg/dL and high parathyroid hormone more than 250 pg/ml. They ask for PET scan.

Treatments were medicine; cinacalcet. Femoral neck surgery has done in 9th day of admission with spinal anesthesia.

She had very low hemoglobin 6.8 g/dL, very high calcium 12 mg/dL and very low potassium 2.5 mEq/L in blood. She was discharge. She had sleepiness and low alertness, dysphasia and vomiting for 5 months. After 5 months she had sestamibi scan and adenoma of parathyroid was found.

And after that she had radiofrequency ablation for parathyroid adenoma. She got alert, dysphasia and

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vomiting somewhat were recovered.

## Discussion

Symptoms and signs were as the same as nervous diseases such as stroke and parkinsonism; because she could not walking alone and without aid.

And psychological symptoms were as same as psychological disorders such as delusions, recent memory loss, confusion. She had gastrointestinal symptoms such as nausea, vomiting and constipation.

It seems that dysphasia was related to enlargement of adenoma in parathyroid gland. That was treated and recovered after ablation. Nausea and vomiting somewhat were recovered.

But because of long time bed rest her walked with walker as an aid and near two month had NG tube her muscles were lost and weak. She had more than 150 physiotherapy sessions.

Unfortunately, diagnosis was very late and had complications. If it was diagnosed before femoral fracture, it would be acceptable.

Treatments were medicine and surgery and somewhat treated. It was late but useful for the patient. Specially for treated dysphasia and vomiting, the patient can eat as well as a healthy people.

Follow ups were blood levels of parathyroid hormone and calcium and getting cinacalcet as a necessary medicine.

Author advises three attention notes: Attention to history of symptoms and signs specially neurologic and psychologic and gastrointestinal symptoms and hyperthermia too.

Attention to diagnostic methods; blood test, sonography and sestamibi scan. Attention to treatment; medicine; cinacalcet. Surgery; radiofrequency ablation.

## Conclusion

Hyperparathyroidism has many symptoms and as the same as other nervous or psychological and gastrointestinal diseases. It must be diagnosed very soon and treated with medicine and surgery.

## Conflict of Interest

The author declares no conflicts of interest.

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