Her profound hypothyroidism appears to have contributed to her hypercalcemia.

After correcting her hypothyroidism, her hypercalcemia resolved and has not recurred.

Her renal function also improved with correction of the hypercalcemia, with a current creatinine of 1.6.

Discussion

This case presents an important question: Can myxedema cause hypercalcemia?

In a study published in 1962, investigators studied the effects of hypothyroidism on calcium balance in rats, based on a patient with similar findings.

Their observations showed that “thyroid insufficiency may be accompanied by the propensity toward the development of hypercalcemia upon ingestion of large amounts of calcium.”

Although our patient was not known to be ingesting excessive amounts of calcium, there appears to be no other explanation for her hypercalcemia and its resolution other than profound hypothyroidism and its successful treatment.

We suggest that, although apparently rare, the differential diagnosis of hypercalcemia should include profound hypothyroidism.

References