

CASE #1

67 yo woman with a history of HTN and hypothyroidism was found to have a calcium of 11.1 mg/dl (nl < 10.5) on routine labs prior to a screening colonoscopy.

How would you approach this patient?

What additional information would you obtain?

Repeat laboratory confirms the presence of mild hypercalcemia and mild hypophosphotemia with an elevated PTH value of 105 pg/ml.

What additional testing would you do?

What are the indications for parathyroidectomy?

How will you monitor her?

CASE #2

65 yo obese man with a history of HTN, diabetes, dyslipidemia, and gout is found to have a 2cm right adrenal mass on a CT done to evaluate RLQ abdominal pain which has since resolved. He is currently on lisinopril, HCTZ, and metoprolol for his HTN which is marginally controlled.

How would you approach this patient?

What further studies would you recommend?

When is surgery indicated?

How would you monitor him?

CASE #3

32 yo G2P2 woman with a history of anxiety is found to have a prolactin of 56 ng/ml (nl <20) during evaluation of persistent amenorrhea 6 months after she stopped nursing her youngest child.

How would you approach this patient?

What are the potential causes for her elevated prolactin?

When is treatment indicated? How would you treat? For how long?

CASE #4

58 yo obese man with a history of DM, HTN, and dyslipidemia was found to have an afternoon testosterone level of 185 ng/dl (nl>270) after complaining of erectile dysfunction, diminished libido, and decreased energy.

How would you approach this patient?

What do you make of his testosterone level? What about his symptoms?

What additional studies would you obtain?

How would you treat him?

Hyperparathyroidism

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