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ABSTRACT

Palatal Swelling Revealing a Secondary Hyperparathyroidism : Case Report

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Background: A 18-year-old female patient reported to our clinic with a chief complaint of a 5-months history of gradually enlarging, painless swelling of the palate. Combined with unaesthetic appearance with proclined anterior teeth and a clear deformity of the maxillae. The patient has been suffering from chronic kidney failure since 2019 and has been undergoing regular dialysis 3 times a week since that time.She was diagnosed recently with secondary hyperparathyroidism. The lesion causes moderate eating and speech difficulties combined with discomfort during respiration.

Objectives: Give a full diagnosis and treatment plan of the case with good follow up.Observe the consequences of secondary parathyroid bony lesion in the palate. Document the case, so many can benefit from it, as it's an uncommon lesion in the maxillae.

Methods: We started writing the case report by having an informed consent from the patient, and then collecting the data from the hospital (laboratory tests, radiographic examinations (opt, ultrasound, ct scan) of the lesion and thyroid gland and welling to take biopsy of the lesion and study it histologically, we did a physical examination for the pt and took a detailed history from her. We contacted her endocrinologist to see the treatment plan and we expect that by following the treatment (parathyroidectomy) the less the effect on bone deposition, then the patient can go for removal of the tumor itself.

Results: We find out that the palatal bony lesion is a benign lesion and it’s a brown tumor of the palate in a secondary hyperparathyroidism patient with kidney failure. The coming days the pt is

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going to do Parathyroidectomy and we expect the less the effect on bone deposition, then the patient can go for removal of the tumor itself. Parathyroidectomy is associated with greater survival in patients on dialysis, and it also improves hypercalcemia, hyperphosphatemia, tissue calcification, bone mineral density, and health-related quality of life.

Conclusion: There are a number of systemic diseases causing bony lesions throughout the body. SHPT develops when the parathyroid hormone is continuously produced in response to chronic low levels of serum calcium, a situation usually associated with the chronic renal disease. Based on laboratory findings, physical examination and radiographs we concluded that it was a brown tumor due to secondary HPTH.

Keywords: Palatal swelling, Brown Tumor, Hyperparathyroidism, Palatal Neoplasms
Bony lesion, Hypercalcemia, Hyperplasia, Hypocalcemia, Parathyroidectomy, Secondary hyperparathyroidism, CKD-osteodystrophy, renal dialysis.

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