

HYPOPARATHYROIDISM PRESENTING AS INTRACTABLE SEIZURES

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Background:

Hypoparathyroidism can present as parasthesia and hypocalcaemia seizures. Due to the non-specific characteristics of the seizures, patients may mistakenly be diagnosed and managed as epileptic. Appropriate diagnosis and replacement of calcium has been associated with resolution of seizures.

Patient and method:

We present a case report of a 14- year old male patient who was admitted with a 3 day history of intractable seizures.

Case Report:

The patient had a 3 year history of generalized tonic clonic seizures. There was no consistent history of use anti - epileptic medication but, the frequency of seizures was less than three per week. Three days prior to admission, the patient developed increased frequency of seizures. He was found to be unconscious and had frequent generalized tonic seizures. A diagnosis of status epilepticus made and emergency treatment started as per the hospital protocol. However the seizures were not controlled ICU admission was considered.

Serum creatinine, Urea, Potassium and Liver function tests were normal. Sodium, potassium and chloride were normal too. Serum calcium and magnesium were 0.94mmol/litre and 0.6mmol per litre respectively, which were lower than normal. The EEG was consistent with generalized seizures. Non-enhanced brain CT-scan showed diffuse sub-cortical and basal ganglia calcification. The parathyroid hormone was lower than normal, and serum phosphates were higher than normal.

A diagnosis of hypoparathyroidism was made and the patient was initiated on intravenous calcium and magnesium followed by maintenance with oral calcium supplementation. He made remarkable recovery from coma and by discharge he was seizure free. He has been seen once on follow-up in the neurology clinic and apart from reduced cognition, there were no other neurological deficits.

Conclusion:

Hypoparathyroidism is a rare disease that should be included in the differential diagnosis intractable seizures and status epilepticus.