

HYPOPARATHYROIDISM PRESENTING AS INTRACTABLE SEIZURES

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Background

- Hypoparathyroidism can present as paresthesia and hypocalcemia 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

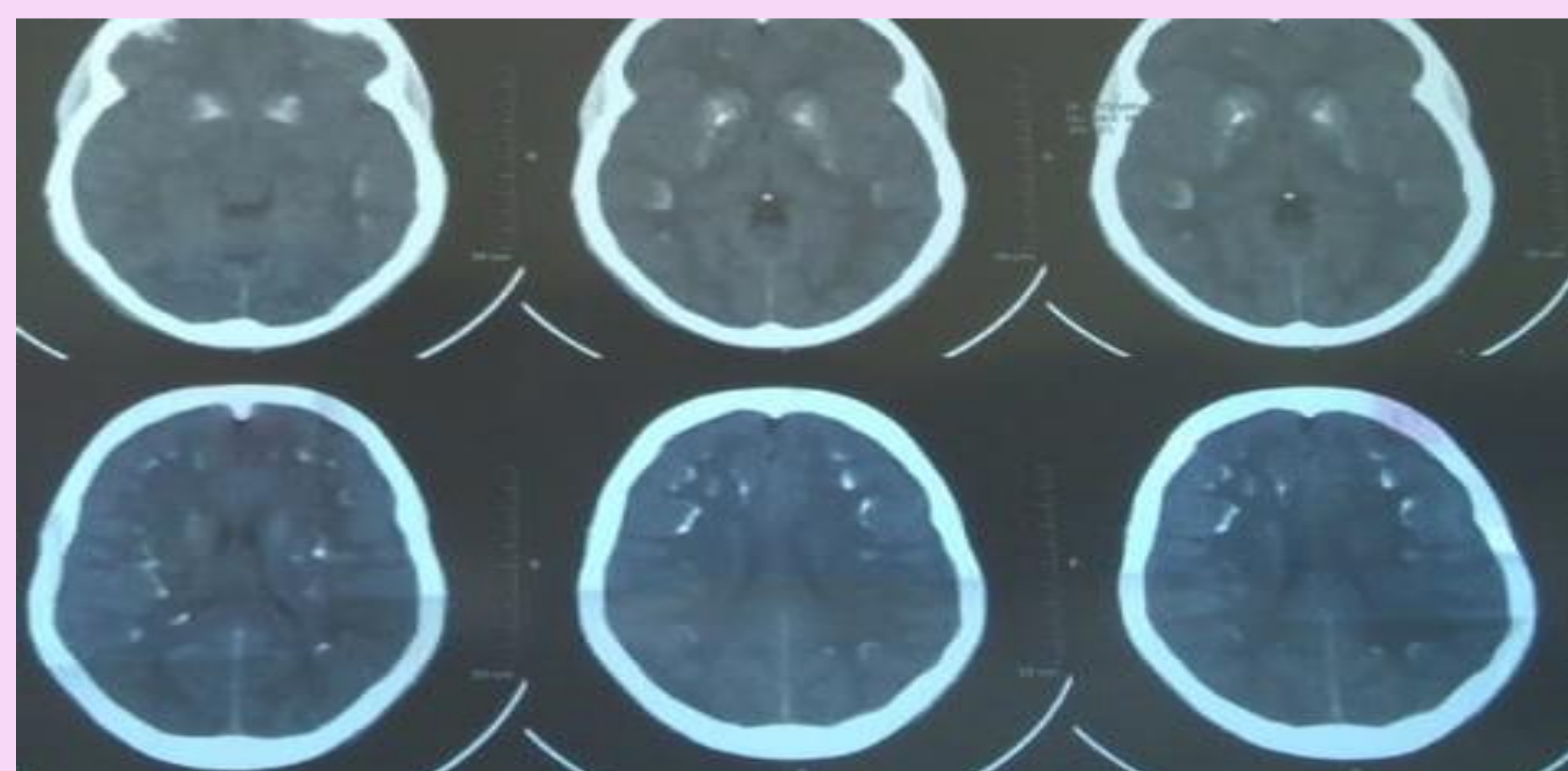
- A case report of a 14- year old male patient who was admitted with a 3 day history of intractable seizures.

Case report

- 3 year history of generalized tonic clonic seizures.
- Inconsistent history of use anti – epileptic medication.
- Frequency of seizures was less than 3 per week.
- Increased frequency of seizures three days prior to admission.
- Found unconscious and had frequent generalized tonic seizures.
- Diagnosis of status epilepticus made Emergency treatment started as per the hospital protocol.
- Seizures were not controlled ICU admission was considered.

EEG - Generalized seizures.

Non-enhanced brain CT-scan- Diffuse sub-cortical and basal ganglia calcification.



Investigations	Findings
Serum creatinine, urea, Potassium, chloride	Normal
Parathyroid Hormone	7.04pg/ml (15 – 65)
Phosphate	3.56mmol/L (0.85 – 1.45)
Calcium	0.94mmol/L (2.2 – 2.8)
Magnesium	0.66mmol/L (0.7 – 1.05)

Management

- IV Ca²⁺ and Mg²⁺ followed by maintenance with oral Ca²⁺.
- Remarkable recovery from coma and by discharge he was seizure free.
- Seen once on follow-up in the neurology clinic- Reduced cognition but no other neurological deficits.

Conclusion & Recommendations

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