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.

**Investigations**

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Findings</th>
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</thead>
<tbody>
<tr>
<td>Serum creatinine, urea, Potassium, chloride</td>
<td>Normal</td>
</tr>
<tr>
<td>Parathyroid Hormone</td>
<td>7.04pg/ml</td>
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<tr>
<td>Phosphate</td>
<td>3.56mmol/L</td>
</tr>
<tr>
<td>Calcium</td>
<td>0.94mmol/L</td>
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<tr>
<td>Magnesium</td>
<td>0.66mmol/L</td>
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</tbody>
</table>

**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.

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