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tumours of the bone. Similar pathophysiology between ABCs and GCTBs suggests its potential beneficial use in complex ABC cases.
Case report
We report a case of sacral aneurismal bone cyst in an 18-year-old female patient. Considering the localization of the lesion and the ensuing risk of surgery and radiotherapy, our patient was treated with denosumab 120 mg subcutaneously monthly for 12 months. After the initiation of the treatment the patient's pain resolved completely. New bone formation was evident on magnetic resonance imaging scans at 6 months and continued to show evidence of improvement at 11 months after initiation of treatment. Adverse events following denosumab were not reported.
Conclusion
Treatment with denosumab resulted in symptomatic and radiological improvement in our patient and could be beneficial in selected ABC cases.
Key words: aneurismal bone cyst, denosumab, sacral lesion

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CBP4

Osteitis fibrosa cystica in primary hyperparathyroidism due to bilateral intrathyroidal parathyroid adenomas - Clinical case

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Background
Primary hyperparathyroidism (PHPT) is often only mildly sympthomatic[1]. Nevertheless, some patients are diagnosed late and severe complications such as osteitis fibrosa cystica can develop.
Case Presentation
A 32 years old female was hospitalized due to pain in the left femoral region after falling from standing height. Radiological investigations revealed left femoral pathologic fracture and bone malignancy was suspected. Further radiologic investigations revealed lytic bone lesions in 7th cervical vertebra, multiple ribs, the left scapula and the left tibia. Thyroid ultrasound showed intermediate malignancy risk (TIRADS 4A) thyroid nodules in both lobes. Cytologic evaluation from fine needle aspiration of the left lobe's nodule showed cells with signs of follicular neoplasia. Later the serum calcium (Ca) and parathyroid hormone (PTH) levels were ordered and both were markedly elevated. Patient was hospitalized in the endocrinology ward and laboratory tests were repeated, revealing a serum PTH level 835.37 pg/ml (15.00-68.00), Ca 3.94 mmol/l (2.15-2.50), phosphorus 0.47 mmol/l (0.81-1.45). Repeated thyroid ultrasound failed to visualize a parathyroid (PT) adenoma. PT scintigraphy was inconclusive, but suspected increased uptake in the right lower PT gland. Selective thyroid vein sampling was performed and demonstrated elevated PTH levels in the right middle thyroid vein. The decision to perform a total thyroidectomy was made. Intraoperative serum PTH was ordered and showed substantial drop once the thyroid was excised. Pathohistological evaluation revealed 2 intrathyroidal PT adenomas with no thyroid nodules present. After surgery the patient developed right sided Horner's syndrome, presumably due to iatrogenic damage of the cervical ganglia.
Conclusions
The case illustrates the importance of serum Ca and PTH screening in the population and in patients with skeletal and renal pathologies, as untreated PHPT can cause severe health consequences.
Reference
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CBP5

Bilateral neck exploration is as safe as focused parathyroidectomy

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Background
Bilateral neck exploration (BNE) as a routine surgery for PHPT is favored by many experts in endocrine surgery as it may provide the identification of preoperatively undetected multiglandular disease. But for a large cohort of patients BNE remains unnecessary and its possible higher rate of surgical complications is being widely discussed.
Objectives
The aim of the study was to evaluate the complication rates of bilateral neck exploration in comparison with focused parathyroidectomy.
Methods
408 patients who underwent an initial surgery for PHPT at SPBU Hospital in 2020 were included in the study. PTH level on the 1st day after surgery, histological reports, postoperative laryngoscopy and surgery protocols were evaluated. Intraoperative PTH level was not measured. Cases of persistent PHPT, parathyroid carcinomas and cases with more than one histologically confirmed adenoma were excluded. Number of cases included in the study was 389.
Results
Number of groups of BNE and FPTX was 287 and 102 respectively. There was no statistically significant difference in postoperative PTH level (1.6 + 1.00 vs 1.8 + 1.13 pmol/l, *P*-value = 0.183) and operation time (33.9 + 13.8 vs 32.4 + 12.7 min, *P*-value = 0.623. No contralateral vocal cord palsy was reported in the group of BNE.
Conclusions
BNE performed by an experienced endocrine surgeon may be as safe as PTX and also be comparable by the duration of the operation

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CBP6

Hyperemesis gravidarum as a clinical presentation of primary hyperparathyrioidism

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Background
Hyperemesis gravidarum is a rare condition with multiple causes. Diagnosis is based on clinical examination and measurement of urine ketones, serum electrolytes, and renal function. Hyperparathyroidism during pregnancy can rarely be manifested with clinical presentation of hyperemesis gravidarum with substantial maternal and fetal complications. In most cases adequate hydration, with or without forced diuresis, as well as with low calcium content diet is treatment of choice in hyperparathyroidism in pregnancy. In some cases, parathyroidectomy is treatment of choice.
Case presentation
Here we report a case of 31-year-old woman in the 13th gestational week who was admitted at the Obstetrician Clinic with symptoms of nausea and refractory vomiting. Laboratory tests revealed hypercalcemia with hypophosphatemia, elevated parathyroid hormone level, low vitamin D levels and hypercalciuria. After stabilization of the general condition and confirmed fetal viability, the patient was transferred to the Clinic for endocrinology, diabetes and metabolic disorders. Ultrasound of the thyroid and parathyroid glands revealed enlarged left lower parathyroid gland. During hospitalization, the patient was initially treated with abundant parenteral and enteral hydration and nutrition. The applied measures of treatment improved the electrolyte disbalance, serum electrolytes decreased, but were not normalized and the symptoms of nausea and vomiting fluctuated. Eventually, lower left parathyroidectomy was done, and the patient was cured and symptoms free.
Conclusions
Primary hyperparathyroidism diagnosed in pregnancy is rare, occurring in approximately 0.5 to 1.4% of pregnancies. Due to unusual clinical presentation, it may remain unrecognized, and if untreated, causes maternal and fetal complications in up to 80% of cases. Parathyroidectomy is the only definitive treatment and is recommended for symptomatic patients, even in pregnancy.

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