Hypercalcemia in the Inpatient Setting: A Case Report

Sahithi Chinnam, DO[1*], J. Creech, DO[1]

[1]Division of Internal Medicine, Department of Medicine, The University of Toledo, Toledo, OH 43614

*Corresponding author: Sahithi.Chinnam@utoledo.edu

Published: 05 May 2023

A 57-year-old female with a history of bipolar disease, depression, diabetes, and hypothyroidism presents with worsening mental status changes, visual hallucinations, and depressive symptoms. Symptoms started six months ago and have worsened over the past two months. Her husband reports she has been talking "gibberish" and has started displaying acts of aggression, such as punching him in the face. Her husband also notes a decrease in the patient's motor control. The morning of the ED visit, the patient fell down five stairs and hit her head. She denied any loss of consciousness (LOC) during the fall. After admission, she was restrained as she was agitated and confused. She believed she had been abducted and that her husband didn't know her location. Initial imaging included a head and cervical spine CT that showed no acute processes. However, CT of the chest showed abnormal adenopathy. Notable labs included a BUN of 37, Cr of 4.34, Ca of 15 mg/dl, and an ionized Ca of 2.01. Elevated calcium and adenopathy then led physicians to believe the altered mental status could be due to hypercalcemia secondary to a possible lymphoma/granulomatous disease. She was then treated with calcitonin and started on dialysis. Deterioration can occur in both physical and mental functions of hypercalcemic patients acutely. Thus, identifying and correcting hypercalcemia, while taking care to identify and treat any underlying pathology is crucial. A thorough workup focusing on laboratory findings and imaging can be crucial to quickly identifying the cause and treating the patient.

https://dx.doi.org/10.46570/utjms.vol11-2023-649