

RECOVERY FEATURES IN COMPLICATIONS OF PARATHYROID CARCINOMA. BILATERAL QUADRICEPS TENDON INJURY.

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CASE STUDY

Abstract

Bilateral quadriceps tendon rupture due to accidental fall while walking, in an obese patient, urgently admitted to the orthopedics department, identified through multidisciplinary consultation, the etiology of the muscle weakness due to parathyroid carcinoma. After surgical treatment of the parotid carcinoma by partial thyroid lobectomy followed by bilateral quadriceps tenorraphy and subsequent treatment of comorbidities (Cushing's syndrome, hypercalcemia, hypokalemia, bronchopneumonia, acute renal failure, diabetes mellitus, urinary tract infection, postoperative Hungry Bone Syndrome), the patient is transferred to the medical recovery department.

Recovery after tenorraphy from bilateral quadriceps tendon rupture is slow, through physiotherapy with progressive mobilizations, with control of flexion-extension angles, by wearing an adjustable angle orthosis, the association of physiotherapy and drug treatment of comorbidities, the association of trophic, vitamin, calcium drugs.

Recovery of active mobility in the knee joints, voluntary achievement of transfers and walking was achieved without haste, in stages, progressively with the avoidance of sudden mobilizations and stretches at the level of the bilateral quadriceps tendon and with the gradual resumption of its functions.

Paradoxically, the complications of thyroid carcinoma, through traumatic rupture by fall, bilateral, of the quadriceps tendon led to the diagnosis of parathyroid carcinoma, to surgical treatment and the patient's good vital prognosis. The data presented show both the importance of the treatment algorithm (surgical, orthopedic, endocrinological, staged medical recovery) and the need for prevention through consultation and specialized investigations in patients with symptoms and chronic diseases that can prevent the occurrence of complications.

Keywords: parathyroid carcinoma, Injury, rupture, quadriceps tendon, medical recovery

Introduction

Parathyroid carcinoma can develop in the initial stage without clear clinical signs.

Parathyroid cancer is rare and usually develops slowly, often leading to an increased production of parathyroid hormone.

Severe hypercalcemia may occur which can cause muscle weakness.

Symptoms: are the consequence of severe hypercalcemia which can cause muscle weakness, nausea, vomiting, confusion.

Diagnosis is mainly based on:

- medical imaging (scintigraphy, ultrasound) which highlights and localizes the tumor,

- very high levels of calcium and parathyroid hormone

Treatment is surgical with extirpation of the tumor, usually together with the thyroid gland (at least the lobe ipsilateral to the tumor).

Chemotherapy and radiotherapy can be used for advanced cases or with complications.

The prognosis depends on the early diagnosis and treatment

Methodology & Results

Add your information, graphs and images to this section.

51 year old male patient transferred from the orthopedics department

after BILATERAL QUADRICEPITAL TENDON INJURY surgery with associated diagnoses of

SECONDARY HEMORRHAGIC ANAEMIA

Third grd. OBESITY

THYROIDECTOMY POST THYROID ADENOCARCINOMA;

-Admitted 3 weeks ago through the Emergency Department as a result of an accidental fall from the same level, with major static and locomotion deficit to the

Orthopedics department for bilateral quadriceps tendon injury

-diagnosed with primary hyperparathyroidism due to a malignant lower right parathyroid tumor, he was transferred to the

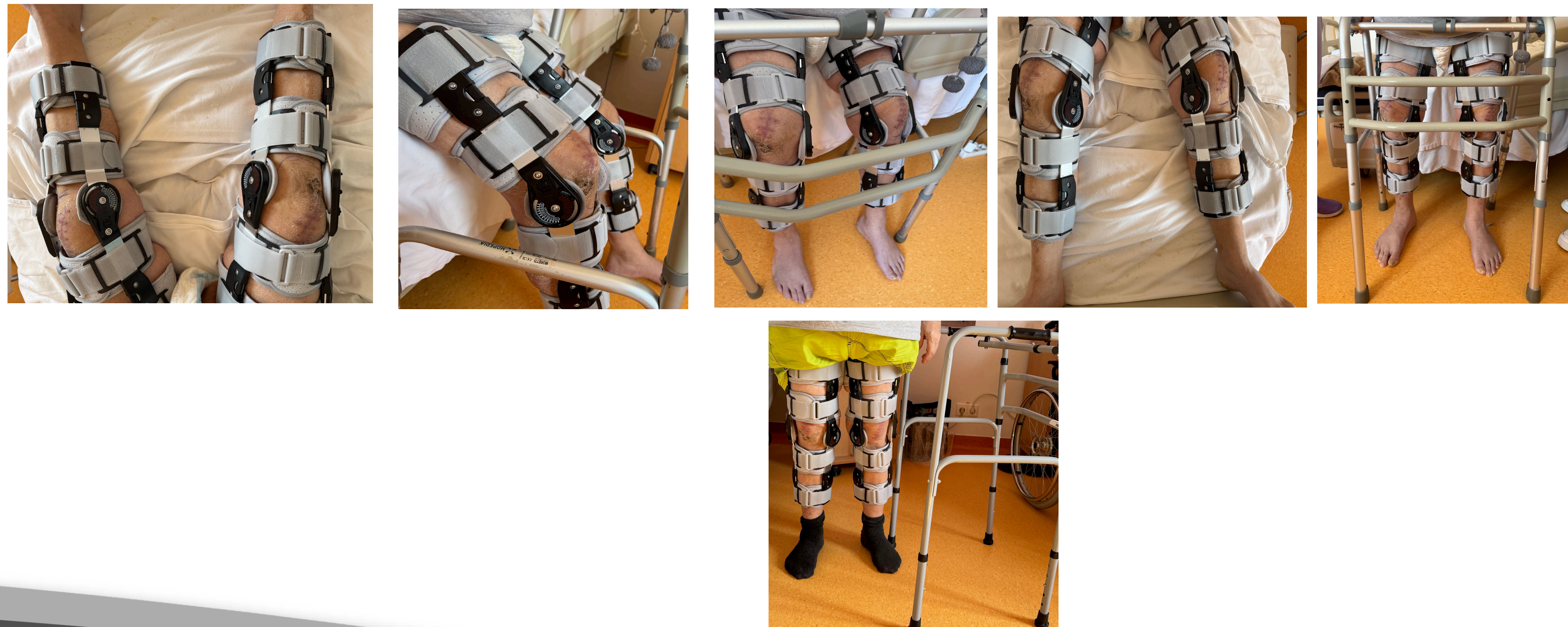
- Surgery department and operated en bloc with a right thyroid lobectomy

-After the first intervention, one week later, he was operated on in the Orthopedics department for incomplete bilateral quadriceps tendon injury

-Transferred to the Endocrinology Department to continue the Hungry Bone Syndrome treatment postoperatively with favorable evolution under calcium repletion therapy and hydroxylated vitamin D, remaining only on Calcium and Vitamin D preparations, maintaining serum Calcium values within normal limits,

transferred to the Orthopedics Department with the application of removable splints, initiating primary recovery

A week later he was transferred to the Medical Recovery



Conclusion

The patient's good vital prognosis was in this case a particular result of the endocrinological and thus traumatic complications of the thyroid carcinoma.

High levels of calcemia occurred in an obese patient who, by accidental fall, caused a traumatic, bilateral rupture of the quadriceps tendon, which led to the early diagnosis of parathyroid carcinoma and its surgical treatment.

The presented case highlights the following:

- the importance of prevention through consultation and specialized investigations in patients with symptoms and chronic diseases that can prevent the occurrence of complications

- the importance of staged etiological, pathogenic, curative, complications, recovery treatmentsurgical, orthopedic, endocrinological, recovery