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Chest pain and pseudoclubbing in a haemodialysis patient

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A 28-year-old lady with end-stage renal failure on intermittent haemodialysis for 6 years complained of a constant right-sided chest pain. She was diagnosed to have Epstein syndrome in childhood characterized by macrothrombocytopathy, nephritis and sensory-neural deafness. The course of her renal failure was complicated by recurrent bleeding diathesis and poor compliance to medications leading to poor phosphate control for prolonged periods. Examination revealed localized rib tenderness and pseudoclubbing of fingers, more marked in index and middle fingers of both hands (Figure 1A, arrows). Hand X-rays revealed severe erosions and resorption of terminal phalanges of fingers (Figure 1B, arrows). CT scan of her chest revealed a localized expansile cystic lesion (osteitis fibrosa cystica, a brown tumour) in one of the ribs (Figure 1C, arrow) corresponding to the area of tenderness. She had severe hyperparathyroidism with parathyroid hormone (PTH) levels of 160–200 pmol/l (normal range 1.5–7.5 pmol/l). Resorptions of the distal phalanges lead to soft tissue collapse and subsequent pseudoclubbing. Her chest pain was due to the rib brown tumour.

She underwent parathyroidectomy 12 months ago; the surgery was complicated by haemorrhage and neck haematoma requiring intubation and admission to intensive care. She made a good recovery but the hyperparathyroidism recurred within few months after surgery. To suppress the PTH levels, she is currently being treated with a combination of intermittent intravenous calcitriol and cinacalcet, but the PTH levels remain elevated at ∼150 pmol/l. This case reminds us of skeletal complications of persistent severe hyperparathyroidism in dialysis patients such as pseudoclubbing and localized bone pain due to cystic bone lesions.

Conflict of interest statement. None declared.

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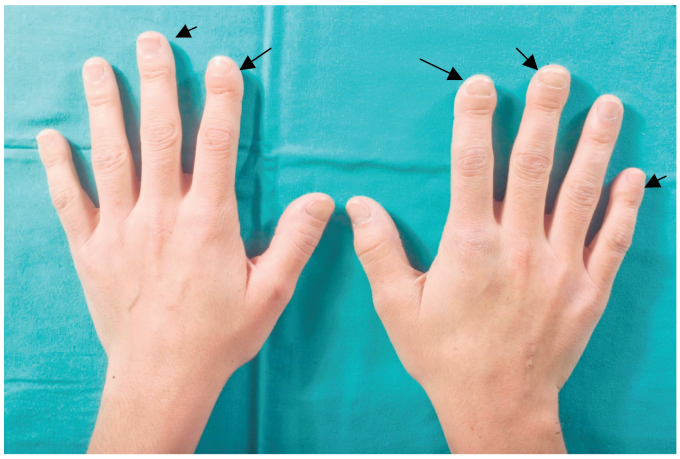
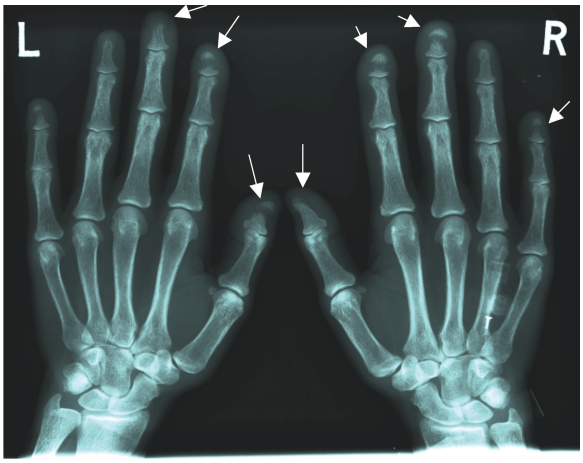


A



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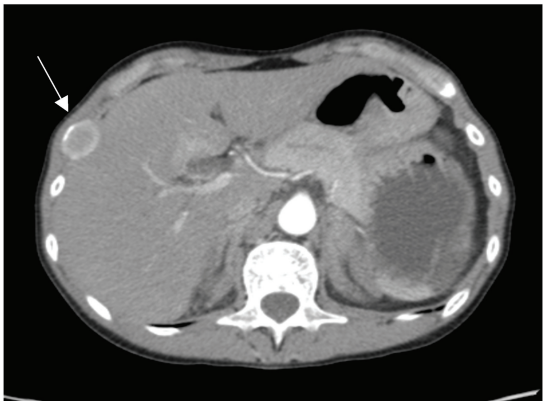

C

Fig. 1. Pseudoclubbing of fingers (**A**), erosions and resorption of terminal phalanges (**B**) and rib brown tumour (**C**).