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| **Hypercalcaemia in the Presence of Granulomatous Pneumonitis: A Challenging Diagnostic Case** |
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| **Introduction/Aim:** Hypercalcaemia can result due to various aetiologies, including hyperparathyroidism, malignancy, thyrotoxicosis, vitamin D toxicity. Granulomatous inflammation is a recognised cause of hypercalcaemia, due to increased conversion of 25 hydroxycholecalciferol to 1,25 dihydroxycholecalciferol. We present a case of an 84-year-old immunosuppressed woman with symptomatic severe hypercalcaemia which was a diagnostic dilemma. She had a background of connective tissue disease treated with methotrexate and hydroxychloroquine, chronic kidney disease, atrial fibrillation, cardiac failure and hypothyroidism, and prior colonic adenocarcinoma, The aim is to highlight the diagnostic challenges posed by this rare presentation and underscore the importance of early recognition and management.**Methods:** Comprehensive investigations were conducted to rule out common causes of hypercalcaemia, including thyroid and parathyroid diseases, malignancy, and myeloma. Despite a clear chest radiograph on presentation, CT scan revealed diffuse alveolar opacities. A significantly high level of 1,25 dihydroxycholecalciferol level was noted. Management of hypercalcaemia was complicated due to cardiac failure and renal impairment.**Results:** The diagnosis was granulomatous pneumonitis, potentially caused by methotrexate, or possibly pneumocystis jirovecii pneumonia. Treatment with prednisolone and sulfamethoxazole-trimethoprim yielded a favorable response, resolving both the pneumonitis and hypercalcaemia.**Conclusion:** This case emphasizes the association between hypercalcaemia and granulomatous lung inflammation, illustrating the need for timely recognition and appropriate treatment. It also highlights the importance of considering alternative causes of granulomatous lung inflammation besides sarcoid as potential cause of hypercalcaemia. Timely diagnosis and appropriate treatment are essential for optimal outcome. **Grant Support:** (Not Applicable)**Declaration of Interest:** The authors declare no conflicts of interest related to this research. |