A 26 year old man was diagnosed as a case of sporadic idiopathic hypoparathyroidism at age 12 and since then he was on irregular treatment with calcium and vitamin D. Now, he presented with recurrent carpal spasm and diminution of vision in both eyes for last couple of months. He had history of simple partial seizures.

On examination his height was 173 cm, weight 56 Kg, BP 130/70 mmHg. Signs of latent tetany, Chvostek’s (Gr. II) and Trousseau’s (Gr. II) were present. Neurological examination revealed that his limb muscles were quite stiff with occasional fasciculations and diminution of deep tendon reflexes. His IQ was ninety. Eye examination revealed bilateral posterior subcapsular cataract and no papilloedema. His biochemistry showed serum calcium (corrected for albumin) 1.2 mmol/l, ionized Ca 0.52 mmol/l, PO₄ 2.3 mmol/l, creatinine 90 µmol/l and serum PTH (intact) was 1 pg/ml. Tubular reabsorption of phosphate was 92% (Normal upto 85%). His EEG was normal and corrected QT interval (QTc) was 0.42 sec. His non-contrast CT head (Fig. 1) showed extensive calcification in basal ganglia, thalami, cerebellar hemispheres and at grey-white matter junction in cerebrum. He is on calcium carbonate, 1α,25 hydroxy vitamin D₃, hydrochlorothiazide and carbamazepine. He is free from muscle spasms and seizures with this treatment at 6 weeks follow up.

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