

## Ectopic mediastinal parathyroid adenoma

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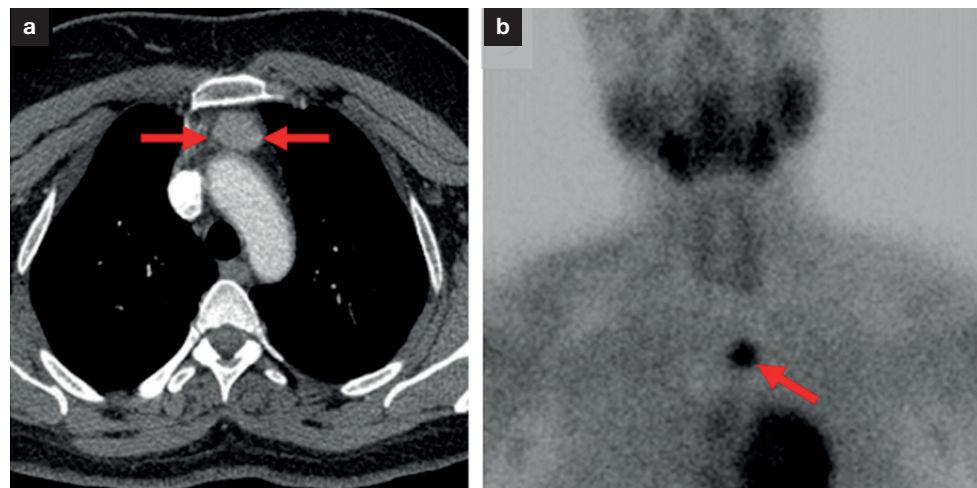
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A 32-year-old woman with burning stomach pain and fatigue was admitted to the emergency department. Blood chemistry showed elevated serum calcium level and mild anaemia. The patient had no familial history of multiple endocrine neoplasia. Further laboratory evaluation for hypercalcaemia showed elevated parathyroid hormone level. Contrast-enhanced computed tomography of the neck and thorax revealed an anterior-superior mediastinal solid mass with lobulated contour, 28x20 mm in diameter. The lesion had diffuse contrast enhancement (**Figure 1a**). Dual-phase <sup>99m</sup>Tc-sestamibi parathyroid scintigraphy showed increased uptake in the mediastinal mass (**Figure 1b**).

Most parathyroid adenomas are located close to the lower poles of the thyroid lobes. However, ectopic parathyroid adenomas have been reported, including in mediastinal, thyroidal and thymic sites (Kim et al, 2013). A mediastinal parathyroid adenoma is rare. <sup>99m</sup>Tc-sestamibi scintigraphy is the most effective imaging modality to demonstrate ectopic parathyroid adenoma. Treatment is usually surgical excision (Kim et al, 2014).



**Figure 1.** a. Contrast-enhanced axial computed tomography scan shows an enhanced solid mass (arrows) in the anterior superior mediastinum. b. <sup>99m</sup>Tc-sestamibi scintigraphy reveals ectopic parathyroid adenoma (arrow) in the superior mediastinum.

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