



Metastatic Brain Calcifications in a Young Adult with Chronic Kidney Disease

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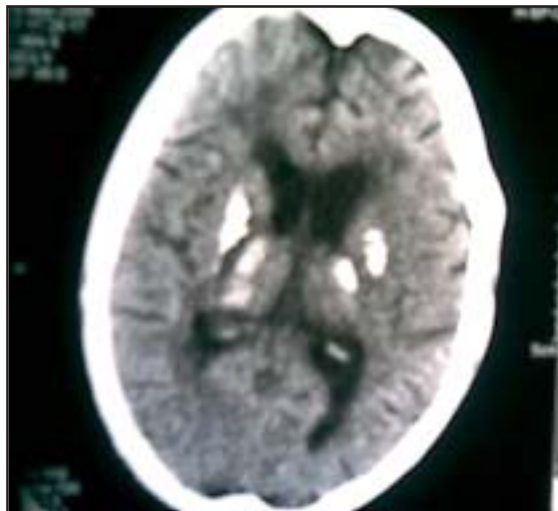


Fig. 1



Fig. 2

A 21-year old male presented with generalized tonic-clonic seizures to our department. He was a diagnosed case of end stage renal disease secondary to chronic glomerulonephritis and was undergoing hemodialysis three times a week for last two years. In addition, he was taking oral calcium carbonate and calcitriol therapy with an advice to restrict phosphorous rich diet. The patient was never monitored for serum calcium, phosphorous and PTH levels. Investigations revealed serum urea of 256 mg/dl and serum creatinine of 3.56 mg/dl. Complete blood count revealed serum hemoglobin concentration of 4.7 gm/dl with a platelet count of 68,000/cumm. Serum calcium was 6.05 mg/dl with a repeat value of 5.25 mg/dl. Serum phosphorous was 8.33 mg/dl with a repeat of 9.06 mg/dl. Serum PTH levels were not available. Renal sonogram showed bilaterally shrunken kidneys with poor cortico-medullary differentiation. Cranial CT revealed calcification of the basal ganglia, thalamus (Figure 1) and both cerebellar hemispheres (Figure 2).

We believe the patient had hypocalcemic seizures and CT picture represented metastatic calcifications secondary to uncontrolled hyperparathyroidism. Although metastatic lung, heart, kidney, intestinal wall, skin, eye, and soft tissue calcifications have been commonly reported, the central nervous system calcification is a very rare condition in CRF.

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