CASE #1
67 yo woman with a history of HTN and hypothyroidism was found to have a calcium of 11.1 mg/dl (nl < 10.5) on routine labs prior to a screening colonoscopy.

*How would you approach this patient?*

*What additional information would you obtain?*

Repeat laboratory confirms the presence of mild hypercalcemia and mild hypophosphotemia with an elevated PTH value of 105 pg/ml.

*What additional testing would you do?*

*What are the indications for parathyroidectomy?*

*How will you monitor her?*

CASE #2
65 yo obese man with a history of HTN, diabetes, dyslipidemia, and gout is found to have a 2cm right adrenal mass on a CT done to evaluate RLQ abdominal pain which has since resolved. He is currently on lisinopril, HCTZ, and metoprolol for his HTN which is marginally controlled.

*How would you approach this patient?*

*What further studies would you recommend?*

*When is surgery indicated?*

*How would you monitor him?*

CASE #3
32 yo G2P2 woman with a history of anxiety is found to have a prolactin of 56 ng/ml (nl <20) during evaluation of persistent amenorrhea 6 months after she stopped nursing her youngest child.

*How would you approach this patient?*

*What are the potential causes for her elevated prolactin?*

*When is treatment indicated? How would you treat? For how long?*
CASE #4
58 yo obese man with a history of DM, HTN, and dyslipidemia was found to have an afternoon testosterone level of 185 ng/dl (nl>270) after complaining of erectile dysfunction, diminished libido, and decreased energy.

*How would you approach this patient?*

*What do you make of his testosterone level? What about his symptoms?*

*What additional studies would you obtain?*

*How would you treat him?*

**Hyperparathyroidism**

- Hendrickson CD, Castro DJ, Comi RJ. Renal impairment as a surgical indication in primary hyperparathyroidism: Do the data support this recommendation? J Clin Endocrinol Metab 2014;99:2646-50


Adrenal Incidentaloma


Hyperprolactinemia


Androgen Deficiency


