

ABSTRACT POSTER

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TIPOLOGIA: ABSTRACT

ARGOMENTO: Casi clinici e varie

TITOLO: A case of Hypoparathyroidism following HPV vaccination

INTRODUCTION: The relationship between infectious disease, vaccination, autoimmunity and connective tissue, skin, thyroid, adrenal and parathyroid glands is well known. In literature a lot of cases of hereditary hypoparathyroidism associated with deficit during development of thymus, thyroid, and ovaries are reported. Hypoparathyroidism following vaccination is not described.

CLINICAL CASE: A 16 year old woman with tetanic manifestations came to our observation. Laboratory values showed severe hypocalcaemia associated with hyperphosphatemia as we observe in hypoparathyroidism. She referred to us to have been treated with three doses of HPV vaccine (Gardasil) in March, May, and September 2010. After two months she manifested persistent sore throat, low-grade fever, and paresthesia treated with paracetamol. In May 2011 she referred asthenia, muscles spasms, irritability, and depressed status. Laboratory tests showed: Ca 6,8 mg/dl, P 7 mg/dl, PTH 5,4 pg/ml, 25-OH-Vitamin D 25 ng/dl, Mg 1,9 mg/dl. ACTH, TSH, FT3, FT4, and calciuria values were normal. All routine laboratory tests performed in January 2009 before vaccination were normal, including Ca and PTH levels.

RESULTS: After therapy with Ca and vitamin D, phosphocalcic balance was restored and symptomatology resolved. Hypoparathyroidism is now persistent (Ca 7 mg/dl, PTH 5,3 pg/ml). Hypercalciuria is also persistent, so we treat it with a low salt diet and thiazide diuretics for kidney stones prevention.

CONCLUSIONS: This case of hypoparathyroidism following HPV vaccination may suggest adjuvant-induced autoimmunity. Chronic hypoparathyroidism may precede insufficiency adrenal, but not before 4th decade. Adrenal function requires continuous monitoring.