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LETTER TO THE EDITOR

To the Editor:

Temporary hypocalcemia is one of the most common complications of total thyroidectomy.¹ Symptoms include paresthesia, muscular spasm, palpitations, and seizure. It is common practice to warn patients to remain vigilant for these symptoms in the postoperative period, so that any cases of hypocalcemia can be detected and appropriate treatment can be started.

We would like to highlight the case of a 40-year-old woman who underwent total thyroidectomy for Graves disease. Her postoperative recovery was uneventful, and on the second postoperative day her corrected serum calcium level was 2.21 mmol/L — within the normal range for our institution. The patient was discharged, but returned a week later complaining of circumoral paresthesia. Her corrected calcium level was below normal at 2.10 mmol/L, and she commenced a regimen of oral calcium. Seventy-two hours later, her corrected calcium level had risen to 2.17 mmol/L, but the patient remained symptomatic. Her oral calcium dose was subsequently increased to 75 mmol of enteral calcium daily. This brought her calcium level into the normal range at 2.30 mmol/L, but the patient continued to complain of paresthesia and developed nausea and vomiting.

A thorough review of her medical history revealed a history of migraine for which she took the anticonvulsant topiramate (Topamax, Janssen Pharmaceuticals Inc, Titusville, New Jersey). Topiramate is known to cause paresthesia as a side effect in nearly one quarter of patients, and so, after consultation with a neurologist, this medication was stopped. Within 48 hours, her paresthesia had resolved. Her calcium supplementation was subsequently reduced, with improvement of her nausea and vomiting. Subsequent monitoring confirmed her calcium level to be in the normal range.

Hypocalcemia is common in the postoperative period in those recovering from total thyroidectomy, and in any patients presenting with paresthesia it must be considered as a cause. However, it is important to keep an open mind and thoroughly review the patient's medical and drug history to identify potential differential causes for such symptoms, thus preventing unnecessary treatment with calcium.

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REFERENCE

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