NEPHROCALCINOSIS UNMASKING PRIMARY HYPERPARATHYROIDISM AND DISTAL RENAL TUBULAR ACIDOSIS IN A PATIENT WITH HASHIMOTO THYROIDITIS

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Hashimoto thyroiditis is an autoimmune disorder that commonly leads to hypothyroidism. Although it is primarily a thyroid disease, it may coexist with other endocrine and metabolic disorders. Primary hyperparathyroidism (PHPT) is characterized by excessive secretion of parathyroid hormone leading to disturbances in calcium and phosphate metabolism, which may result in renal complications such as nephrolithiasis and nephrocalcinosis. We report a case of a 40-year-old female with known Hashimoto thyroiditis who presented with fatigue, generalized weakness, abdominal pain and passage of gravel in urine. Imaging studies revealed bilateral nephrocalcinosis. Further evaluation for the underlying etiology demonstrated primary hyperparathyroidism with distal renal tubular acidosis (Type-1 RTA). Nephrocalcinosis or gravel passage in urine should prompt evaluation for underlying metabolic and endocrine disorders. This case highlights a rare coexistence of Hashimoto thyroiditis, primary hyperparathyroidism, and distal renal tubular acidosis, emphasizing the importance of a comprehensive metabolic workup to identify the underlying cause and prevent long-term renal damage. **Keywords:** Hashimoto thyroiditis, Primary hyperparathyroidism, Nephrocalcinosis

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