Sarcoidosis with Extreme Hypercalcemia

To the Editor:

A 29-year-old white man came to the University of California Davis-Sacramento Medical Center with anorexia, nausea, lethargy, epigastric distress, and polyuria of several months' duration. He had been consuming one to two quarts of milk daily but had taken no vitamins or antacids. Evaluation revealed the following levels: calcium, 17.4 mg/100 ml; phosphorus, 3.3 mg/100 ml; alkaline phosphatase, 85 International units (IU) (normal, 30 to 85 IU); and creatinine, 2.0 mg/100 ml. Saline diuresis and therapy with corticosteroids caused a prompt return of the serum level of calcium to normal and reversal of all symptoms. Levels of parathyroid hormone of 324 pg/ml and 359 pg/ml (normal, 200 to 600 pg/ml) were obtained while the patient had mild hypercalcemia. Bilateral hilar adenopathy was present on the chest x-ray film, and a biopsy of a cervical node showed noncaseating granulomas (Fig 1). The findings from a skeletal survey were normal. Therapy with corticosteroids was gradually tapered over a six-month period, during which time a minimal regression of the hilar adenopathy was noted and the serum levels of calcium remained normal.

A review of the literature indicates that hypercalcemia accompanies sarcoidosis in from less than 2 percent1-2 to over 60 percent3 of the cases, with the frequency dropping over the past few decades, corresponding to the general availability of corticosteroids. Most reports describe a mild hypercalcemia, although two cases feature levels of calcium of 19 mg/100 ml4 and 20 mg/100 ml;5 however, both occurred in patients with severe, widespread clinically apparent disease.

Although other causes of hypercalcemia were ruled out in this patient, the substantial ingestion of milk may have been contributory, in view of the hyperresponsiveness to vitamin D, which is thought to be the cause of hypercalcemia in sarcoidosis.6 Despite the rarity of profound hypercalcemia due to sarcoidosis, it must be remembered that it does occur and even in early, otherwise asymptomatic disease.

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Tolazoline as Adjuvant Therapy for Ill Neonates with Pulmonary Hypoperfusion

To the Editor:

Two recent reports1-2 have described the use of tolazoline (Priscoline) in infants with and without pulmonary disease who have evidence of the pulmonary hypoperfusion syndrome. We studied 12 critically ill newborns with this syndrome. The criterion used to define the syndrome was that all 12 infants failed to consistently attain an arterial oxygen tension (PaO₂) of greater than 50 mm Hg, despite a fractional concentration of oxygen in the inspired gas of greater than 0.9 and elevated inspiratory and end-expiratory pressures. The condition of 11 of the infants was considered refractory to therapy with mechanical ventilation. All of the infants had pulmonary disease. Eight were male. Gestational

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Figure 1. Biopsy of cervical node, showing noncaseating granulomas.

The genologic study of 28 proved cases. Arch Intern Med 80:293-303, 1947