

Hypercalcaemia due to Hypervitaminosis D in a Self-Supplementing Multiple Sclerosis Patient: A Case Report

E. Duffy, M.J. Brassill

Duffy and Brassill describe a patient with MS who presented with hypercalcaemia following vitamin D self-medication. The initial serum Ca 3.69 umol/L was extremely high and the vitamin D was 1617 nmol/L. He was treated with IV fluids, prednisolone and calcitonin.

	1 st admit	1 st D/C	OPD 1: 2 nd admit	2 nd D/C	OPD 2	OPD 3
Urea (mmol/L)	14.1	6.4	13.2	6.5	5.4	4.4
Creatinine (µmol/L)	312	168	267	152	118	95
eGFR (ml/min/1.73m ²)	18.7	38.4	22.5	43.1	57.7	60
Corrected Ca (mmol/L)	3.69	2.55	2.77	2.4	2.38	2.4
25-OH Vit. D (nmol/L)	1617				846.5	

Table 1: Progression of blood results from first admission through to third outpatient review at six months post initial presentation

Metastatic Solitary Fibrous Tumour of the Kidney Presenting more than a Decade Later with Pulmonary Disease

A. Daly, A.M. Dorman, J. Hinchion

Daly et al describe a case of a renal fibrous solitary tumour (SFT) that was removed. 11 years later the patient re-presented with an SFT in the right upper lobe of the lung. The tumour was successfully removed.

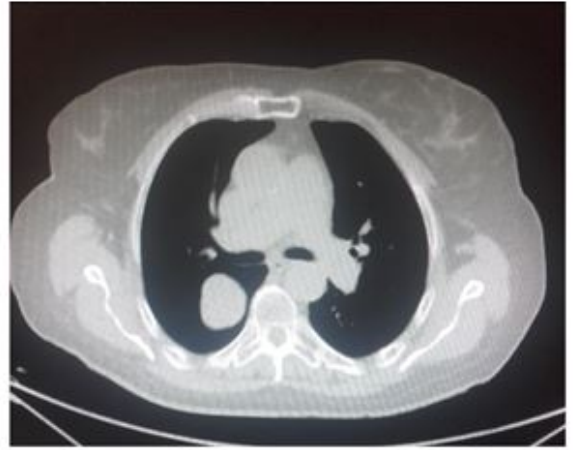


Image 1: 3.4cm right upper lobe mass at the oblique fissure

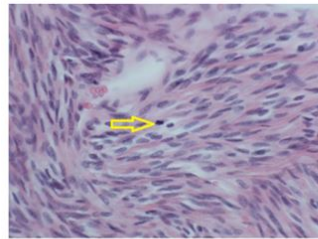


Image 2: (a) Primary renal tumour. H + E stained section x400 showing tumour with spindle shaped nuclei and pale eosinophilic cytoplasm with mitotic figure (arrow)

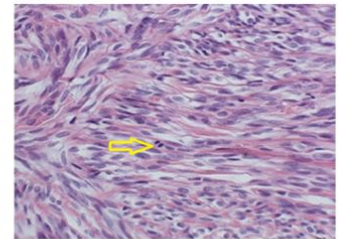


Image 2: (b) Lung tumour. H + E stained section x400 with similar histology, also mitotically active (arrow)

[Bilateral Neonatal Suppurative Sialadenitis Progressing to Abscess Formation in a Preterm Neonate](#)

N. Shaughnessy, T. McGrath, M. Moore, B.H. Walsh

Shaughnessy et al report a 27 weeks gestation infant who developed bilateral submandibular masses at age 18 days. Bilateral sialadenitis was diagnosed on ultrasound. She was treated with antibiotics and needle drainage of the abscess.



Image 1



Image 2

[Commotio Cordis](#) [Caused During](#) [Hurling Game](#)

**C. Connellan, S.
Kelleher (co-au-
thors)**

**Islam, D. Kenny,
A. James, T. Pren-
diville, K. Walsh**

Connellan, Kelleher et al report the case of a 14 year old boy who had a cardiac arrest following a blow to the chest by a hurling ball. His mother, a nurse, commenced CPR on the pitch. An AED was applied and one shock achieved return of spontaneous circulation. The down time was less than 4 mins and there were no neurological sequelae. After admission to hospital he had further

shorter runs of ventricular tachycardia that responded to medication.

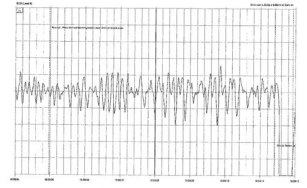


Figure 1: Ventricular Fibrillation

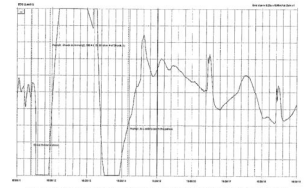


Figure 2: Shock delivered followed by normal sinus rhythm and cardiac output