Acute pancreatitis induced by hypercalcemia due to primary hyperparathyroidism (PHPT) is a very rare condition, and its prevalence is estimated to be between 1.5% and 7%. Previous studies conducted in India report the incidence of PHPT to be between 6.8% and 12%. However, in patients with PHPT and resulting hypercalcemia, pancreatitis occurs 10 to 20 times more often than in the general population. Normally, hypocalcemia is generally expected to occur during an attack of acute pancreatitis, thus, and hypercalcemia is a strong clue predictor for suspecting PHPT. Hence, elevated serum calcium levels associated with pancreatitis should alert the physician to either suspect hyperparathyroidism or malignancy. The metabolic causes of acute pancreatitis include diabetic ketoacidosis, hypertriglyceridemia, and hypercalcemia with or without hyperparathyroidism. The most common etiologies of pancreatitis are gallstones and alcoholism are the commonest etiological agents of pancreatitis. Serum calcium level is not routinely measured in all patients diagnosed with the first attack of acute pancreatitis as it is not a common cause. Some patients suffer from two or more attacks of pancreatitis before the diagnosis of being diagnosed with PHPT. Here, we describe the case of a 30-year-old female patient who presented to a gastroenterology unit with severe upper abdominal pain, vomiting, and a 3-day history of fever of 2 days' duration. She had a similar episode of symptoms 2 months previously, for which she was admitted to a civil hospital and diagnosed, where she was diagnosed as with case of acute pancreatitis. There, she was and was managed conservatively and discharged after 7 days. She had no additional risk factors causing acute pancreatitis such as history of alcohol consumption, or hyperlipidemia; however, she had a history of and gallstones were present, for which she had a history of undergone cholecystectomy 1.5 years earlier for stone. Therefore, after proper evaluation, she was diagnosed with diagnosis of post-cholecystectomy acute
Pancreatitis was made, and the patient was managed conservatively. Within the next 5 months, she was again readmitted with after experiencing dyspeptic symptoms and abdominal pain. Pain in abdomen over 20 days’ duration. On physical examination, the abdomen was found to be soft with diffuse tenderness, especially in the right hypochondrium.