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HYPERPARATHYROIDISM SURGERY

Abstract

Hyperparathyroidism is manifested as renal stones, changes in bone density, digestive problems, nerve disturbances, changes in heart electric activity or without any symptoms, only by laboratory changes. While the asymptomatic forms are predominant in developed countries, in our region the most frequent forms are with serious renal and skeletal illness. Hyperparathyroidism is treated by operative excision of enlarged parathyroid glands. In hyperplasia it is necessary to preserve a part of the least changed parathyroid in order to maintain calcium regulation. When parathyroid cancer is suspected, it is necessary to excise all infiltrated tissue together with the parathyroid tumor, in the first place ipsilateral thyroid lobe. Hypercalcemia in hyperparathyroidism can successfully be treated by surgery. In our series of 479 patients with hyperparathyroidism, 2 patients were with transplanted kidney, 183 were on hemodialysis and 294 patients had primary hyperparathyroidism.

In primary hyperparathyroidism, we found adenoma in 218 (74%) patients, hyperplasia in 64 (22%) among them in 21 with MEN syndrome and cancer in 8 (2.7%) patients. In 4 patients (1.3%) the cause was not found on the first operation. In patients with persistent or recurrent hyperparathyroidism, localisation studies as scintiscan with Tc-99m Tl or Tc-99m MIBI have been used. Hyperparathyroidism in our region is diagnosed seldom and late so most patients manifest complications of the disease.

Key words: Hyperparathyroidism surgery.