Abstract

Primary hyperthyroidism (pHPT) is common endocrine disorder. In more than 80% of the patients with pHPT , a single parathyroid adenoma can be found , in 15-20% of the cases parathyroid hyperplasia or multiple adenoma and very rare parathyroid carcinoma (1%). Primary hiperparathyroidism occurs mainly as a sporadic disorders (90%) ,however 10% of the patients present a hereditary form of disease in which pHPT is either the main or associated feature. Based on both clinical and molecular characterisation, hereditary pHPT can be divided into several subgroups:

1. hyperparathyroidism-jaw tumor sindrom **(HPT-JT)**
2. **MEN 1**
3. **MEN 2**
4. familial isolated hyperparathyroidism - **(FIHP)**
5. familial hypocalaciuric hypercalcemia **(FHH)** and neonatal severe primary hyperparathyroidism **(NSHPT)**

The environmental risk factors that predispose to or promote parathyroid neoplasia are:
- previous neck irradiation
- chronic applicatioon of lithium
- calcium and vitamin D deficiency
- female gender are more affected (ratio female/male = 2-3 :1)
- menopause

It is very important to note that patients with pHPT deserve further investigation to some hederitary syndrome if:

-patients younger than 40 years

-patients have multiple parathyroid adenomas or parathyroid hyperplasia(MEN 1, FHH)

-patients have atypical parathyroid adenoma or carcinoma (HPT-JT)

-family history for some hereditary pHPT syndrome

Key words: primary hyperparathyroidism, jaw tumor, MEN 1, MEN 2, FIHP.