

Surgical Attitude in Patients with Secondary Hyperparathyroidism Undergoing Dialysis

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Abstract

Background: Secondary hyperparathyroidism (SHPT), develops, more or less in all the patients with chronic kidney disease. The pathology is even more severe as it intervenes in a suffering patient in whom the chronic kidney disease frequently associates severe comorbidities. General mortality is higher than in general population. The failure of the medical therapy is an indication for parathyroidectomy.

Methods: The study analyzed 200 patients with SHPT and chronic kidney disease, admitted in the clinic from October 2011 until January 2015. In this period, 179 (89.5 %) total parathyroidectomies have been performed along with 14 (7%) subtotal parathyroidectomies. Also 7 (3.5%) surgical interventions were incomplete.

Results: Overall mortality was 1% (2 patients) and postoperative specific morbidity 3.5% - 4 local hemorrhagic complications and 3 cases of dysphonia have been encountered (12% if we include the reinterventions for recurrent hyperparathyroidism - 17 patients).

Conclusions: Total parathyroidectomy is encumbered by a reduced number of postoperative complications and the risk of recurrent disease is almost nonexistent. The disadvantages of this surgical approach are the tendency of immediate postoperative hypocalcemia and long term substitution with calcium and vitamin D.

Key words: secondary hyperparathyroidism, total parathyroidectomy, subtotal parathyroidectomy, SHPT