

SUMMARY

- PHPT is the most common cause of elevated calcium in non-hospitalized patients.
- Patients with PHPT can have a wide variety of symptoms.
- The diagnosis of PHPT is made via blood and urine testing to evaluate other causes of high calcium.
- Surgery is recommended for all symptomatic patients and for asymptomatic patients who meet specific criteria.

ABOUT THE AAES

The **American Association of Endocrine Surgeons (AAES)** is dedicated to the advancement of the science and art of endocrine surgery. Our members have clinical expertise in and research interests that focus on endocrine surgical diseases. They are certified by either the American Board of Surgery of the United States, the Royal College of Surgeons of Canada or the equivalent governing boards in Mexico and South America.

The goal of the AAES is to discover and promote the best treatments for endocrine disease to help improve our patients' lives.

To find an experienced surgeon, please visit the **AAES Surgeon Finder**:

www.search.endocrinesurgery.org/Membership/Find-a-Surgeon

or follow this QR code:



American Association of Endocrine Surgeons

Dedicated to advancing the science and art of endocrine surgery

PRIMARY HYPERPARATHYROIDISM

To learn more, please visit the AAES Patient Education website:

www.collectedmed.com/aaespatienteducation

or follow this QR code:



Developed by Dr. Jennifer Cannon and the American Association of Endocrine Surgeons Education Committee

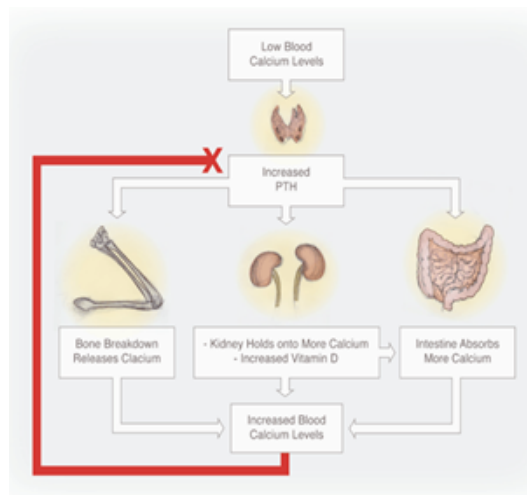
201 E. Main Street, Suite 1405, Lexington, KY 40507

BACKGROUND

- Primary hyperparathyroidism (PHPT) is a disorder of the parathyroid glands, which normally keep calcium levels in the body within a set range.
- In hyperparathyroidism, one or more glands secrete too much parathyroid hormone (PTH) relative to blood calcium levels.
- Most primary hyperparathyroidism is considered idiopathic (the cause is unknown) and sporadic (not inherited).
- Women are three times more likely to be affected than men.

SIGNS AND SYMPTOMS

- PHPT can cause kidney stones, osteoporosis, pancreatitis, peptic ulcer disease, memory difficulties, frequent urination, extreme thirst, sleep disturbances, constipation, pain in the long bones of the body, among a wide range of symptoms.



DIAGNOSIS

- High calcium levels accompanied by elevated PTH and normal vitamin D levels and normal to high urinary calcium levels suggest primary hyperparathyroidism.
- Some patients have normal calcium levels, but have PTH values that are higher than expected (normocalcemic hyperparathyroidism)
- Additional tests to identify the abnormal gland (once the diagnosis is made with blood and urine tests) include ultrasound, nuclear medicine parathyroid scan (“Sestamibi”), and 4D CT scan.

TREATMENT

- Surgery is the recommended treatment for any symptomatic patient or asymptomatic patients who meet specific criteria.
- Minimally invasive parathyroidectomy is the preferred operation when pre-operative imaging identifies the abnormal gland.
- Full neck (“4-gland”) exploration and removal of the most abnormal-appearing gland(s) is often done when imaging studies are inconclusive.
- Surgical success rates are excellent (up to 99%) when the operation is performed by a skilled parathyroid surgeon.
- Medication can be used to decrease calcium levels in patients who are unable to undergo surgery due to other medical problems.



A large parathyroid adenoma



American Association of Endocrine Surgeons
Dedicated to advancing the science and art of endocrine surgery