

EP_A079**A RETROSPECTIVE STUDY ON PATIENTS UNDERGOING PARATHYROIDECTOMY FOR PRIMARY HYPERPARATHYROIDISM**

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INTRODUCTION/BACKGROUND

Primary hyperparathyroidism (PHPT), characterized by hypercalcemia with elevated or inappropriately normal parathyroid hormone (PTH) level, has an estimated incidence of one to seven per 1000 adults. Parathyroidectomy remains the only definitive treatment and offers cure for this condition.

METHODOLOGY

A retrospective study was done to determine the demographic and clinical severity of patients undergoing parathyroidectomy in Hospital Raja Permaisuri Bainun (HRPB), and its surgical outcomes.

A retrospective study was done for all patients with PHPT who underwent parathyroidectomy in HRPB, from the year 2018-2023. Demographics, laboratory and radiologic investigations including levels of serum PTH, serum adjusted calcium, serum alkaline phosphatase, and post-operative complications were recorded from patients' admission notes and electronic medical records and were analysed using SPSS.

RESULTS

Twenty-five patients with a mean age of 58.8 ± 9.4 years were included in the study, of which, 72% were female. Of the total, 76% had a single parathyroid adenoma, 12% had parathyroid hyperplasia and 12% had parathyroid carcinoma. Pre-operative mean serum calcium was 2.86 ± 0.26 mmol/L, mean serum alkaline phosphatase was 104 ± 87 IU/L, while pre-operative median PTH level was 38.38 pmol/L (interquartile range = 68.63).

Parathyroid lesions were localized by ultrasound of the neck (87.5%) and by parathyroid scintigraphy (88.9%). Complications included osteoporosis (57.1%) and nephrolithiasis (52.6%). Sixty percent received calcium supplementation during the immediate postoperative period. Two patients developed post-operative hypocalcaemia, two had neck hematoma and one was complicated with recurrent laryngeal nerve palsy.

CONCLUSION

Half of our patients were diagnosed with PHPT-related complications prior to surgery, suggesting a need for better screening strategies. Parathyroidectomy offers high cure rates for primary hyperparathyroidism in the hands of experienced surgeons and should be recommended to patients meeting the criteria for surgery.

EP_A080**HYPOPARATHYROIDISM IN PREGNANCY AND LACTATION: BALANCING CALCIUM SWINGS**

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INTRODUCTION/BACKGROUND

Management of hypoparathyroidism includes calcium and activated vitamin D supplementation. The dose often requires adjustment during pregnancy and lactation. The combination of increased calcium requirements and the dynamics of parathyroid hormone-related protein (PTHrP) secretion from placental and breast tissue may shift calcium balance to a variable extent.

CASE

A 32-year-old female with a history of hypoparathyroidism after undergoing total thyroidectomy for micropapillary thyroid cancer was followed up during her pregnancy. Her baseline treatment was calcitriol 1.0 mcg and calcium carbonate 1000 mg twice daily. There was a significant drop in serum calcium levels during early pregnancy that required admissions for correction of symptomatic hypocalcaemia. Her calcitriol dose tripled in the first trimester before being slowly reduced back to baseline in the mid-second trimester and stabilizing afterward. She had an uneventful delivery at 37 weeks and gave birth to a healthy newborn. She stopped taking calcitriol postpartum while fully breastfeeding for 4 months and was completely asymptomatic during that period with a documented calcium level of 2.14 mmol/L. However, within 2 weeks of cessation of breastfeeding, she presented with symptoms of hypocalcaemia and a corrected calcium level of 1.87 mmol/L. Treatment with calcitriol was hence reinstated.

CONCLUSION

PTHrP production by the placenta and lactating breast results in increased endogenous calcitriol levels. This subsequently enhances intestinal calcium absorption to meet heightened physiological calcium demands. However,