

Parathyroid Adenomas in Adults and Adolescents. Critical Appraisal and Surgical Strategy in 18 Cases

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Abstract

Background: Our study underline scarcity of isolated case reports or small case series of parathyroid adenoma (PA) published in autochthonous medical literature, their variable clinical expression among the "historic" varieties but also the diagnostic difficulties and delays of diagnosis as well consecration of surgery as the golden therapeutic standard of this disorder.

Patients and Method: Demographic, clinical presentations, laboratory and imaging data, operative findings and procedures together with pathology account and outcome from the case reports of 18 patients with documented PHP were retrospectively analyzed.

Results: The male/female ratio was 1/5, with ages ranging from 16 to 58 (mean 46) years. Renal stones (n=9) and bone sufferings (n=6) were the most common modes of presentation. To these were added psychiatric and neuromuscular complaints, digestive disorders (pancreatitis and peptic ulcer) arterial hypertension and presence of a palpable nodule. Mean serum calcium and phosphorus, alkaline phosphatase and PTH dosage together with parathyroid ultrasound and 99m Tc sestamibi scintigraphy are the most useful parameters for diagnosis. Eighteen adenomectomies were performed of which bilateral neck exploration was done in 16 patients and minimally invasive approach in the remaining two cases. In 9 situations concomitant thyroid exeresis for associated lesions or tactical purpose were done. Pathology revealed single adenoma consisting of main and oxyphil cells in 17 cases. In one case an atypical adenoma was identified and in another case three years after removal of a benign adenoma the subject presented a clinical ipsilateral recurrence which provided to be a carcinoma. Postoperative clinical and humoral outcome was favorable in all situations less the case of carcinoma which died after 14 months.

Conclusions: Despite the rarity and difficulties of diagnosis in cases of PA, practitioners must be aware of potential existence of these lesions in order to apply as early and appropriate treatment where surgery is the gold standard.

Key words: parathyroid adenoma, surgery, gold standard