



## AB126. 140. Re-establishing the surgical parathyroidectomy service as the optimal treatment for primary hyperparathyroidism in University Hospital Waterford

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**Background:** Classical primary hyperparathyroidism—a disease of ‘bones, stones, and psychic groans’ is still seen in some parts of the world. Most patients with primary hyperparathyroidism are asymptomatic. However, if left untreated, patients can develop these pathognomonic sequelae of primary hyperparathyroidism. The aim of the current study was to retrospectively study our experience in re-establishing the parathyroidectomy service in University Hospital Waterford over a 5-year period from January 2013 to October 2017.

**Methods:** Hospital In-patient Enquiry data, NIMIS radiology and theatre logs were used to identify the study cohort. Demographic data plus pre and post-op calcium and parathyroid hormone (PTH) levels were analysed using a

Wilcoxon Signed Rank Test.

**Results:** Twenty-seven patients were identified comprising 3 males and 24 females. The average age was 60.2 (SD, 15.36). Twenty-three of the 27 underwent an ultrasound scan and nuclear medicine sestamibi scans were obtained in all patients. Imaging findings indicated a preponderance of lower parathyroid lobe pathology (25 cases). A Wilcoxon Signed Rank Test revealed a statistically significant reduction in calcium levels following surgery,  $Z=-4.51$ ,  $P<0.001$ . The median calcium levels decreased from a pre-op level of 2.81 mmol/L to post-op level of 2.39 mmol/L (normal). Similarly, a statistically significant reduction was observed in PTH levels following surgical resection,  $Z=-4.54$ ,  $P\leq 0.001$ . The median PTH levels decreased from pre-op 168 pg/mL to post op 48.9 pg/mL (normal). All patients were discharged on post-op day 1 without complications upon 6-week follow up.

**Conclusions:** This study demonstrates the initial success in re-establishing parathyroidectomy as the optimal treatment for primary hyperparathyroidism in University Hospital Waterford.

**Keywords:** Parathyroidectomy; treatment; hyperparathyroidism

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