



## AB205. 78. Minimally invasive parathyroidectomy (MIP) performed during pregnancy at 27 weeks gestation—a case report

Michael Hanrahan, Zeeshan Razzaq, Mudassar Majeed, Ibrahim Al-Khafaji, Hamid Mustafa, Mohammed Abdalla, Peter O'Leary, Fara Hassan Khawaja, Akbar Amin Achakzai, Henry Paul Redmond

Department of General Surgery, Cork University Hospital, Wilton, Cork, Ireland

**Background:** Primary hyperparathyroidism (PH) in pregnancy is a rare event but when it does occur poses a significant risk to the mother and the foetus. Incidence of PH in non-pregnant women aged <39 years is 8 cases per 100,000; however incidence in pregnancy is not known but is thought to be rare. Maternal complications may occur in up to 67% of cases of gestational PH and include hyperemesis, renal stones, pancreatitis, or potentially hypercalcaemic crisis. In the foetus, the parathyroid axis may be inhibited and lead to intrauterine growth retardation, miscarriage, stillbirth, preterm delivery or post-partum neonatal tetany. Management of this condition remains a matter for debate between conservative, medical

and surgical options.

**Methods:** We present a case of a 36-year-old Gravid 3 Para 2 female who was diagnosed with PH 2 months prior to becoming pregnant with her 3rd child. Parathyroid hormone (PTH) was raised at 139 pg/mL (normal up to 65) & Calcium was raised at 2.81 mmol/L (Normal 2.1–2.6), consistent with PH. Ultrasound of her neck performed 5 weeks prior to surgery confirmed a 1.4 cm left lower parathyroid adenoma.

**Results:** She underwent MIP surgery under general anaesthesia at 27+3 weeks gestation. A left lower parathyroid adenoma was excised un-eventfully. Intraoperative PTH (drop from 139 to 0 at 5 minutes) and frozen section analysis (positive for hypercellular parathyroid tissue) were used adjunctively during the surgery. The surgery was biochemically and symptomatically effective and the patient was discharged home on post-operative day 1. She went on to have a healthy baby at term via caesarean section without any maternal or foetal complications.

**Conclusions:** This case report demonstrated that MIP is a safe procedure for the management of PH secondary to parathyroid adenoma in the third trimester of Pregnancy.

**Keywords:** Minimally invasive parathyroidectomy (MIP); pregnancy; primary hyperparathyroidism (PH)

doi: 10.21037/map.2019.AB205

**Cite this abstract as:** Hanrahan M, Razzaq Z, Majeed M, Al-Khafaji I, Mustafa H, Abdalla M, O'Leary P, Khawaja FH, Achakzai AA, Redmond HP. Minimally invasive parathyroidectomy (MIP) performed during pregnancy at 27 weeks gestation—a case report. *Mesentery Peritoneum* 2019;3:AB205.