# INTRAOPERATIVE PARATHYROID HORMONE MONITORING DURING PARATHYROIDECTOMY: DESCRIPTION OF OUR CLINICAL EXPERIENCE.

Tomé  $M^1$ , Martínez de Pinillos  $G^2$ , Méndez  $M^2$ , Cuéllar E $A^2$ , García  $F^2$ , Fernández-López  $I^2$ , Fernández-Peña  $I^2$ , Givas  $M^2$ , Durán  $I^2$ , Cózar  $I^2$ , Cózar  $I^2$ , Cózar  $I^2$ , Rivas  $I^2$ , Rivas  $I^2$ , Rivas  $I^2$ , Rivas  $I^2$ , Cózar  $I^2$ , Rivas  $I^2$ , Rivas



1. Endocrinology and Nutrition. Hospital Punta de Europa. Algeciras. SPAIN. 2. Endocrinology and Nutrition. Valme Universitary Hospital. Sevilla. SPAIN.

## INTRODUCTION

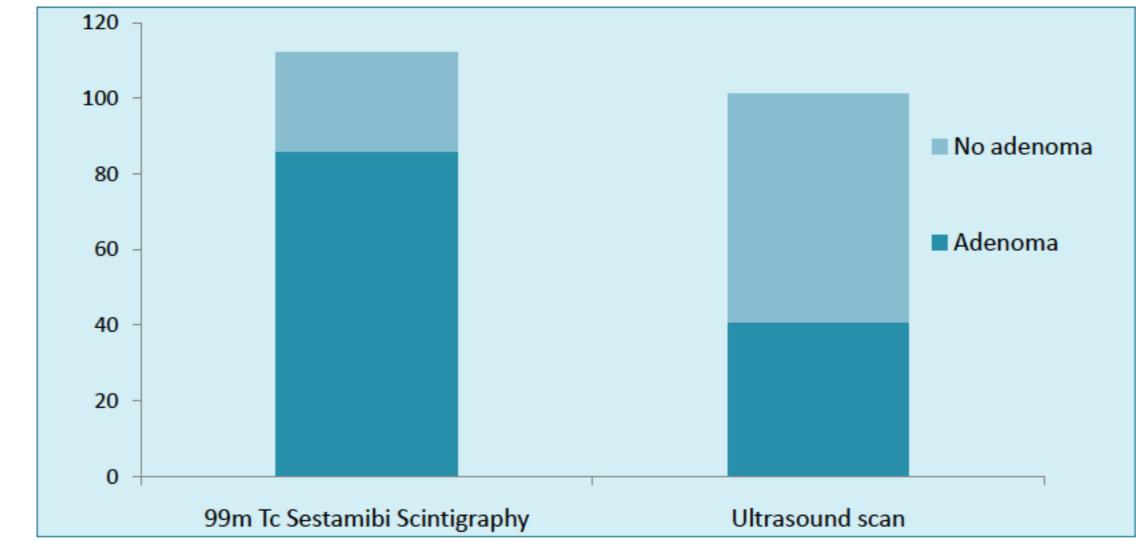
Primary hyperparathyroidism is caused by a single adenoma in 85% of cases. This is why bilateral neck exploration seems to be a very aggressive procedure in a large number of cases. Intraoperative parathyroid hormone (IOPTH) monitoring could be a useful tool in primary hyperparathyroidism surgery allowing a less invasive surgical approach. The aim of our study is to evaluate the possible impact of the measurement of IOPTH during surgery.

#### **METHODS**

- Retrospective study in which we included all patients who underwent parathyroidectomy with IOPTH monitoring between 2008 and 2013. We considered the following variables:
  - Preoperative localization techniques.
  - Neck exploration (uni or bilateral).
  - ❖ Prediction of curative parathyroid resection by using MIAMI criteria (>50% drop from highest baseline IOPTH level at 10 minutes after excision)
  - Cure (normal calcemia 6 months after surgery).
- Subsequently, we compared this sample with a group of patients who underwent parathyroidectomy between 2000 and 2002 without IOPTH monitoring.

## **RESULTS**

Description IOPTH group.			
Patients	115		
Mean age (years)	57.4 ± 14.1		
Female/Male (%)	80,9/19,1		



Scintigrahphy 97,4% (76,8% adenoma).

•Ultrasound 87,8% (40,6% adenoma).

**NO CURE** 

■<sup>99m</sup>Tc Sestamibi

TABLE 1. PREOPERATIVE LOCALIZATION TECHNIQUES

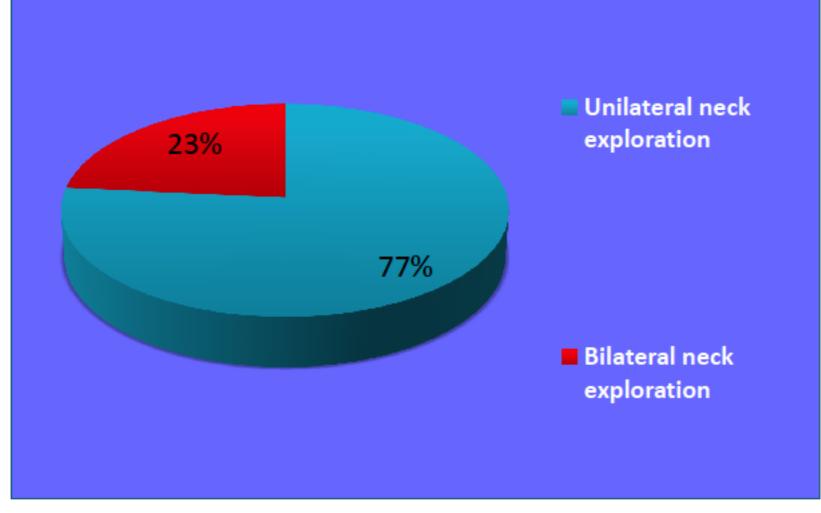


TABLE 2. NECK EXPLORATION

<ul><li>Unilateral neck</li></ul>
exploration: 100%
cure.
Bilateral neck
exploration: 74% cure
(p<0-0005)

> 50% drop IOPTH.	104 <b>(97,4%)</b>	3	107
< 50% drop IOPTH	4	4	8
	108 (93.9%)	7	115

**CURE** 

TABLE 3. PREDICTION OF CURATIVE PARATHYROID RESECTION BY USING MIAMI CRITERIA.

Description No-IOPTH group.		
Patients	35	
Mean age (years)	58.5 ± 9.1	
Female/Male (%)	74.3/15.7	

	CURE	NECK EXPLORATION
IOPTH group	93.9%	23.5% bilateral
No-IOPTH group.	91.4%	100% bilateral
	P=0.61	p=0.0005

TABLE 4. COMPARISON BETWEEN IOPTH AND NO-IOPTH

### CONCLUSION

By monitoring IOPTH in focused parathyroidectomy it is possible to perform a less invasive surgical approach without reduction in cure rate.







