

# A CASE OF POST-OPERATIVE HYOPARATHYROIDISM

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- ▣ 41 yr old woman, Total Thyroidectomy-2007 for large MNG
- ▣ Post op-Hypocalcaemic with low PTH
- ▣ Treated with high dose alpha-calcidol therapy and Ca supplements-suboptimal response
- ▣ Improved response with Teriparatide
- ▣ No other relevant drug history

# Investigations

- ▣ Serum magnesium-normal
- ▣ Corrected serum calcium levels in the six months preceding Teriparatide-1.71 to 1.93 mmol/L
- ▣ Corrected serum calcium in the six months post Teriparatide-1.96 to 2.10 mmol/L

# Current Treatment

- ▣ Teriparatide-20 micrograms s/c daily
- ▣ Alpha-calcidol-4 to 15 micrograms od;  
currently 8 micrograms od
- ▣ Thyroxine - 200 micrograms od

# Conclusions & Discussion

- ❑ Post-op Hypoparathyroidism – 1 to 4% following thyroid surgery for hyperthyroidism
- ❑ Treatment -high dose alpha-calcidol ,occasionally recombinant human parathyroid hormone,either Teriparatide(1-34) or intact hormone Preotact(1-84)
- ❑ Recombinant human PTH achieves normocalcaemia,is more effective at preventing osteoporosis,allows reduction in dose of calcium and alpha calcidol
- ❑ Of the 1000 patient members of Parathyroid UK,7 are on Teriparatide and 1 is on Preotact.16 members received Preotact during REPLACE PTH 1-84 Clinical Trial in 2010(plus some non members)
- ❑ Problems of supply,funding,licensing:costs comparable: Preotact gave better results in USA: Results from REPLACE PTH(Lancet 7/10/2013 ) suggest that 50,75 or 100 microgram of rhPTH(1-84) administered s/c in outpt setting is efficacious and well tolerated as a PTH replacement therapy