Primary hyperparathyroidism (PHP) is a common endocrine disorder. Beside renal and skeletal complications, it has a wide variety of nonspecific symptoms from other organs that may mimic other diseases and delay the diagnosis. Nowadays PHP evolves to less-symptomatic.

- **Aims**
  - To assist in early diagnosis of PHP by encouraging interdisciplinary contact between medical professionals.
  - To revise symptomatology profile of PHP in a single region of Poland;

**Background**
Primary hyperparathyroidism (PHP) is a common endocrine disorder. Beside renal and skeletal complications, it has a wide variety of nonspecific symptoms from other organs that may mimic other diseases and delay the diagnosis. Nowadays PHP evolves to less-symptomatic.

**Methods**
We analysed retrospectively hospital data of 100 consecutive patients with PHP diagnosed in our centre: 94 women and 6 men, mean aged 57.1 yrs (SD:13.7yrs). Patients were assessed by thyroid ultrasound, Tc99 sestamibi scintigraphy, dual X-ray densitometry and abdominal ultrasound imaging. We evaluated clinical manifestation of PHP: renal, skeletal, cardiovascular, gastrointestinal symptoms and asymptomatic. We also estimated the time passed to final PHP diagnosis.

**Results**
The incidence of clinical symptoms in the group.

- Renal symptoms: 68%
- Osteoporosis/osteopenia: 25%
- Renal and bone symptoms together: 45%
- Gastrointestinal symptoms: 12%
- Cardiovascular symptoms: 55%
- Asymptomatic: 20%

The presence of biochemical PHP conditions.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Value</th>
<th>Normal value</th>
<th>Biochemical symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTH [pg/ml]</td>
<td>324 (SD 425)</td>
<td>15.97 (SD 7.89)</td>
<td>85% ↑</td>
</tr>
<tr>
<td>Urine Ca [mEq/24h]</td>
<td>0.8 - 1.6</td>
<td>0.8 - 1.6</td>
<td>56% ↓</td>
</tr>
<tr>
<td>Serum Phos. [mmol/l]</td>
<td>2.1 - 2.6</td>
<td>2.1 - 2.6</td>
<td>40% ↓</td>
</tr>
<tr>
<td>Serum Ca [mmol/l]</td>
<td>2.87 (SD 0.36)</td>
<td>5.1 - 5.5</td>
<td>100% ↑</td>
</tr>
</tbody>
</table>

24% of patients presented simultaneously: hypercalcemia, hypercalciuria and hypophosphatemia. In 4.2% hypercalciuria has not been accompanied by hypercalcemia.

**Gastrointestinal**

- Gastritis/duodenitis: 16.1%
- Gastritis/duodenitis + peptic ulcer: 2.7%
- Pancreatitis: 5%
- Other gastrointestinal symptoms: 2.7%
- No gastrointestinal symptoms: 55%

7 of 29 gastritis had documented peptic ulcer disease.

**Conclusions**

- PHP is still diagnosed too late.
  - Promotion of multidisciplinary cooperation between medical professionals on the diagnostic level brings crucial hope to avoid late complications of long lasting unrecognized PHP.
  - There might be beneficial Ca-Phos balance screening in patients > 50, especially with recurrent nephrolithiasis and osteoporosis.
  - Popularization of densitometry helps earlier PHP diagnosis and treatment.

Nowadays the presentation of PHP is less symptomatic. Hence, the attention has been diverted to the generally nonspecific features.