

An Analysis of Hypocalcaemia Post Total Thyroidectomy: Diagnosis & Predictors

Post-thyroidectomy BACKGROUND hypocalcaemia is a common complication with significant short and long term complications. The aim of this study was the incidence determine to and predictors of post-thyroidectomy hypocalcaemia calcium (corrected <2.1mmol/l).

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METHODOLOGY A total of 183 patients who underwent total thyroidectomy between 2012 and 2015 in a national general hospital were included in this retrospective study. Clinical and biochemical data were obtained from electronic and hard copy medical records.

RESULTS Out of a total of 183 patients, 142 (77.6%) were female, while 41 were males (22.4%). Ages ranged from 15 to 84 years, with a mean of 50.6 years (SD 15.84 years). There was variation in the incidence of hypocalcemia dependent on the timing of measurement of calcium on post-op day 1 (POD1) and the measuring of calcium on subsequent days. The incidence post-operative of hypocalcaemia on day 1 was 26.2% (n=48). The indications for surgery included Graves' disease (62 patients, multi-nodular 33.88%), goitre (50 patients, 27.32%), malignancy (28 patients, 16.39%), the presence of a thyroid nodule (22 patients, 12.02%), hyperparathyroidism (18 patients, 9.83%) and in 3 patients (1.63%) the indication was unclear.

Graves' Disease MNG Malignancy Thyroid Nodule 15% Others Unknown 27% 31 patients required Ca²⁺ for >3 months 48 patients had low Ca on **Day 1** 183 patients 41 patients were post-op 28 patients discharged on Ca underwent **total** required Ca²⁺ for supplementation thyroidectomy >6 months 73 patients were

A lower preoperative uncorrected calcium was associated with postthyroidectomy hypocalcaemia (p=0.048). However it was found that the incidence of post-thyroidectomy hypocalcaemia was underestimated by 55.5% if only POD1 measurement was used.

CONCLUSIONS Measuring calcium on

hypocalcaemic during study



Number of Patients on Calcium



POD1 may miss patients who would subsequently develop hypocalcaemia. Other possible contributing factors for post-op hypocalcaemia, including age, gender, histology and indication for surgery were not found to be statistically significant, and could not be used to predict who will develop hypocalcaemia. This emphasises the need for stringent guidelines for assessing and managing patients undergoing total thyroidectomy and possible associated hypocalcaemia. Discharge year

Patients on Calcium
Patients off Calcium

 Measuring Ca on post-operative day 1 may miss patients who develop hypocalcaemia

 Need to adhere to stringent guidelines for assessment and management of patients



