

Surgical management of hyperparathyroidism

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There are over 100,000 cases of hyperparathyroidism diagnosed annually, occurring more frequently in women than men with the average age at diagnosis of 55 years old. Patients with primary hyperparathyroidism primarily have only abnormal biochemical results and often don't appear to have the commonly attributed disease manifestations such as fatigue, musculoskeletal pain, weakness, polyuria, memory loss, constipation, polydipsia, and depression. Yet more data suggest these symptoms are present and resolve with surgery. Indications for surgery are suggested by NIH guidelines but vary based on surgeon and surgical experience. Once the diagnosis is made, localizing studies such as ultrasound, sestambi-SPECT scan, and 4-D CT are often done. In surgery intraoperative PTH testing has become a standard particularly when performing a minimally invasive parathyroidectomy. With the appropriate diagnosis, improved preoperative parathyroid localization studies, use of intraoperative PTH, and the predominance of single-gland disease in most patients with primary hyperparathyroidism, focused parathyroidectomy has chemical cure rates of more than 95%. In addition, there is improvement in some of the psychiatric and cognitive deficits, and improved sense of well-being reported by many.

Biography

Dr. Evasovich is an Assistant Professor of Surgery at the University of Minnesota Department specializing in Endocrine Surgery including primarily thyroid and parathyroid diseases. She has completed fellowships in Surgical Critical Care and Head and Neck Surgery. Her research, publications and presentations concentrate the clinical presentations, managements and molecular studies on Head and Neck Cancers and Endocrine Diseases. She has been listed in Minneapolis, Minnesota and America's Top Doctors.

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