Consensus for the Surgical Treatment of Primary Hyperparathyroidism (PHPT)

Robert Udelsman, M.D., M.B.A.
Chairman of Surgery, Yale University School of Medicine
Chief of Surgery, Yale New Haven Hospital
Chairman of the Board, Yale Medical Group

The surgical management of Primary Hyperparathyroidism (PHPT) has undergone considerable advances over the past two decades. Because surgery is the only potentially curable option for PHPT, all symptomatic patients, as well as those with significant signs of disease (renal or bone manifestations) have clear indication for surgical treatment. In addition, young (<50 years) patients and those who meet international guidelines should undergo surgical treatment. Patients with neurocognitive symptoms may also benefit from surgical treatment. Clear biochemical confirmation of PHPT is required before surgical treatment. The frequency of hereditary forms of PHPT may be underappreciated and the endocrinologist and surgeon should consider the probability of familial PHPT and the results of preoperative genetic testing can alter surgical intervention. Preoperative imagining should be obtained after biochemical confirmation of PHPT to assist the surgeon in operative planning. Parathyroid imagining is a localization procedure. It is not a diagnostic procedure.

Surgical treatment can range from minimally invasive outpatient procedures to bilateral exploration including subtotal parathyroidectomy with cervical thymectomy. Remedial cervical operations for PHPT are of increased complexity and risk. All surgeons who perform parathyroidectomy require sophisticated training and often employ perioperative adjuncts to improve results. In experienced hands surgery for PHPT is associated with cure rates that exceed 98% and complication rates below 1%.

References:
