

Correspondence

Comment on: Post surgical hypoparathyroidism

To the Editor

We welcome the comprehensive review by Alqahtani on post-thyroidectomy hypoparathyroidism. Measuring plasma parathormone (PTH) level within 12-24 hours after total thyroidectomy may predict which patients will not develop permanent hypoparathyroidism after 6 to 12 months. If plasma PTH value is higher than 1.05 pmol/L (10 pmol/mL) 12 to 24 hours post-surgery, the development of hypoparathyroidism is unlikely. But if the plasma PTH level is lower than 1.05 pmol/L (10 pmol/mL), the possibility of long-term hypoparathyroidism remains but is less than 50%. However, a significant number of patients with PTH values <1.05 pmol/L (10 pmol/mL) 12–24 hours post-thyroidectomy may still recover from temporary hypoparathyroidism.²

New guidelines for managing hypoparathyroidism were published in 2022.³ Conventional therapy includes the use of calcium carbonate or citrate with either cholecalciferol (vitamin D3) or ergocalciferol (vitamin D2) or an active form of vitamin D (calcitriol or alfacalcidol). Thiazide diuretics may also be considered.³ If serum calcium (albumin adjusted) and serum phosphate cannot be normalized, PTH-based therapies, palopegteriparatide and teriparatide have to be considered.

Patients need to be informed of the symptoms of hypocalcaemia prior to discharge. It is good practice to arrange an US examination of the kidneys (to exclude nephrocalcinosis), eye examination for cataract and DXA scan in postmenopausal women (to assess bone mineral density) a year after surgery.

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Reply from the Author

No reply was received from the Author.

References

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