

# Primary Hyperparathyroidism in Multiple Endocrine Neoplasia Type 1: Less than Subtotal Parathyroidectomy is Still Relevant

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A large multicenter French study reports that the rate of recurrence with less than subtotal parathyroidectomy (LSTP) is significantly higher compared to subtotal parathyroidectomy (STP), and advocates that LSTP can prevent morbidity associated with permanent hypoparathyroidism.

An article by Santucci N et al., on behalf of Association Francophone de Chirurgie Endocrinienne (AFCE) and Groupe d'étude des Tumeurs Endocrines (GTE), published in October 2023 in the journal *Annals of Surgery* titled "Recurrence after Surgery for Primary Hyperparathyroidism in 517 Patients with Multiple Endocrine Neoplasia Type 1" addresses the ongoing debate on the extent of parathyroid surgery in multiple endocrine neoplasia type 1 (MEN1) patients.<sup>1</sup> This study on arguably the largest cohort of primary hyperparathyroidism (pHPT) patients in MEN1 assessed the recurrence after surgery for pHPT in MEN1 patients following LSTP in comparison with STP.

This multicentric study included 517 patients with MEN1 in France and identified the risk factors for recurrence after STP. These patients were followed up for a median time of 10 years. A significantly higher frequency of persistence, recurrence, and reoperation was reported in MEN1 patients after surgery when LSTP was the first procedure performed. Recurrent pHPT occurred earlier after LSTP with a median time to recurrence of 4.25 vs 7.2 years after STP. A mutation in exon 10 was significantly associated with an increased risk of recurrence after STP.

## COMMENT

The optimal extent of initial parathyroid resection in MEN1 patients is the critical determinant of lasting cure of pHPT, while ensuring low morbidity on account of permanent hypoparathyroidism. The findings in this study support performing LSTP in this subset of patients with pHPT. Recurrent pHPT with mild and asymptomatic

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hypercalcemia may be more acceptable rather than permanent hypoparathyroidism, which can impair the quality of life to a greater extent. This can have a bearing on the choice of pHPT surgery to be performed in MEN1 patients.

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## REFERENCE

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