

Modern Trends for Primary Hyperparathyroidism Intervening on Less Biochemically Severe Disease

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We discussed with interest in our department Journal club, the article “Modern trends for primary hyperparathyroidism (PHPT) intervening on less biochemically severe disease” by Krumeich LN et al.¹ We congratulate the authors on their publication and dealing with an important aspect of primary hyperparathyroidism which is to deal with less severe biochemical disease with fewer symptoms and less end-organ dysfunction.¹ We also agree with the authors on the issue of treating these PHPT patients, especially milder diseases, not in adherence with the guidelines when there is no increased risk of anesthesia and surgical complications. Even in the developing world, the knife-happy endocrine surgeons now frequently deal with asymptomatic and young primary hyperparathyroidism patients and the decision to operate or observe depends on several factors. The two newer aspects of PHPT: normocalcemic and normohormonal PHPT need an understanding of physiology so that knife-happy surgeons can interpret intraoperative parathyroid hormone (PTH) levels and understand the role of surgical treatment.^{2,3} The authors of their study mentioned that the number of indications met at the time of surgery declined over the study period. We believe that the guidelines also kept changing over that period of time and would have a bearing in addition to an increasing number of less severe diseases being operated. The adjuncts used in parathyroid surgery were different during each time period and that also would have contributed to the success of parathyroid surgery. We feel that this article may be pertinent to Indian Endocrine Surgeons since with routine auto analyzer and also with an increase in endocrine surgery fraternity, more asymptomatic patients shall be treated.

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