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### **Selective versus subtotal parathyroidectomy in secondary hyperparathyroidism in hemodialysis**

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**Objectives:** Secondary hyperparathyroidism is a common complication in chronic hemodialysis, The parathyroidectomy represent the ultimate treatment of hyperparathyroidism of dialysis, a fortiori in a context where access to medical treatment is limited.

The purpose of this study is to evaluate the value of the selective para thyroidectomy, by comparing the rate of parathyroid hormone (PTH) obtained post-operative with that of patients with subtotal para thyroidectomy

**Methods:** This is a retrospective analytical study single center over 9 years (2010-2019) led to the nephrology department at CHU Ibn Rushd, on patients in end stage renal disease on dialysis with secondary hyperparathyroidism or tertiary with an indication to parathyroidectomy. Two groups were identified, one having undergone parathyroidectomy Selective 3/4 (G1), the second a subtotal para thyroidectomy 7 / 8th (G2).

**Results:** Our study included 26 patients with an average age of 39.1 years (13-61) with a seniority average dialysis  $102.17 \pm 76.4$  months and at 3 times a week 50% of patients. Surgical indications were dominated by strong secondary hyperparathyroidism in 90% treatment. 13 patients underwent a parathyroidectomy Selective 3/4 (G1) and 13 patients a subtotal para thyroidectomy 7 / 8<sup>th</sup> (G2). The evolution has been marked by hypoparathyroidism which involved seven patients G2 is (53.4%). A surgical failure has affected 15.38% of patients, 4.34% were taken surgically, all belonging to the G1. Statistical analysis showed a significant difference between the two groups in terms of hypoparathyroidism in group 2 noted in 53.4% of the patients ( $p = 0.005$ ) and fail more often in group 1 ( $p = 0.03$ ).

**Conclusions:** Parathyroidectomy 3/4 in secondary hyperparathyroidism provides a higher rate of parathyroid hormone to a subtotal para thyroidectomy, avoiding the occurrence of hypoparathyroidism with risk of adynamic bone and on mortality.