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부갑상샘항진증으로 수술적 치료를 받은 말기콩팥병 환자의 임상경과

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Clinical Characteristics of Surgical Treatment for Renal Hyperparathyroidism

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Background: Despite recent advances in the diagnosis and therapy of patients with chronic renal failure and secondary hyperparathyroidism(HPT), 5% of these patients may need parathyroidectomy.
Methods: A retrospective study was performed in 24 ESRD patients with uncontrolled hyperparathyroidism despite of medical treatment who undertook surgical parathyroidectomy from 2005 to 2009.
Results: 14 patients had total parathyroidectomy with immediate autotransplant, 10 patients had subtotal parathyroidectomy. An excellent short-term control of hyperparathyroidism was achieved in the great majority (95%) of patients. Preoperative symptoms and clinical laboratory findings were improved after parathyroidectomy. The incidence of recurrent HPT was 3 of 24 patients with nodular hyperplasia in pathologic finding. The less degree of attenuated response of intact PTH levels after 3 months postoperation was observed in 3 recurrent cases.
Conclusion: Total parathyroidectomy with forearm autograft is the treatment of choice for renal HPT in our hospital because patients require long-term dialysis after parathyroidectomy and the risk of recurrence is not negligible. Operative failures occur because of the limitations in preoperative localization, inadequate exploration, and the natural history of hyperplastic parathyroid tissue. The initial operation should include an attempt to localize supernumerary glands both pre- and intra-operatively. We believed that histological subtype and the attenuated response of intact PTH after surgical parathyroidectomy could be possible predictors of the recurrent HPT.

Key Words: 부갑상샘기능항진증, 절제술, 경과
Renal hyperparathyroidism, Parathyroidectomy