

Oral Presentation

Clinical-Pathological Profile of Patients with Primary Hyperparathyroidism

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Abstract: Objectives: Primary hyperparathyroidism (PHPT) is an endocrine disorder resulting from the hyperfunction of one or more parathyroid glands, with hypersecretion of parathyroid hormone (PTH). We aimed to evaluate the clinical-pathological profile of PHPT patients. **Materials and Methods:** We performed a retrospective study in patients with PHPT, diagnosed on surgical resection specimens excised in the Department of Surgery of the "Pius Brînzeu" County Clinical Emergency Hospital from Timișoara, on a period of 8 years. Clinical and serological data (serum PTH), morphological aspects and immunohistochemical profile (chromogranin A and Ki67 antigen) were analyzed in these patients. **Results:** PHPT was diagnosed in 67 patients (55 women, 12 men, mean age 53.9 years). The causes of PHPT were: parathyroid adenomas (36 cases), atypical parathyroid neoplasms (parathyroid tumors with uncertain malignant potential – 3 cases), parathyroid hyperplasia (27 cases) and parathyroid carcinoma (1 case). Parathyroid adenomas were diagnosed more frequently in women (female:male ratio of 8:1), in the 7th decade of life. They were mainly located in the lower parathyroid glands. Parathyroid hyperplasia also predominated in females (female:male ratio of 5.75:1). Parathyroid carcinoma was diagnosed in a 45-year-old man. In 9 cases, PHPT was associated with neoplastic thyroid pathology (papillary thyroid carcinomas). Serum PTH values were recorded in 25 patients, being moderately elevated, generally higher in adenomas. 60% of the investigated patients were symptomatic. **Conclusions:** Primary hyperparathyroidism is usually diagnosed in women, in the 6-7th decades of life, the most common morphological substrate being the parathyroid adenoma. Frequently, hyperparathyroidism is associated with neoplastic thyroid pathology, requiring complex clinical, serological and imaging investigations before surgery, especially when opting for a minimally invasive parathyroidectomy.

Keywords: primary hyperparathyroidism, parathyroid adenoma, nodular hyperplasia