Asymptomatic hypercalcemia

(MAY 1998)

TO THE EDITOR: I found the article, "Asymptomatic hypercalcemia in a 51-year-old woman" by Hussein and Licata[1] interesting and alarming.

It was alarming because they gave the notion that a surgeon's expertise in recognition of parathyroid adenomas may justify an operation without taking advantage of imaging modalities. As a practicing nuclear medicine physician and formerly an anesthesiologist, I firmly believe that there is no minor anesthesia, and certainly parathyroid surgery is not minor surgery. Therefore, no wise physician should omit diagnostic imaging, especially the nuclear medicine scan, from the preoperative evaluation before parathyroid surgery.

We must strive to know what to look for and exactly where to look for it, before undertaking a surgical procedure.

Keeping in mind the probability of ectopic parathyroid adenoma, we must try everything possible to identify the location of the parathyroid adenoma before going to take it out.

We have the moral responsibility to treat the patient as one of our own. One cannot morally and legally submit a patient for reoperation if there has been a possibility to locate the ectopic parathyroid adenoma before the first surgical procedure.

In short, there must be no excuse for incompetent medical practice.

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IN RESPONSE: Dr. Sarshar raises the question of performing preoperative imaging studies in all patients before parathyroid surgery.

This is a controversial area. Most authorities do not recommend preoperative localization for the initial surgery.[1–3] Imaging studies successfully localize adenomas in 75% of cases. An experienced parathyroid surgeon can find the abnormal parathyroid gland in over 90% to 95% of patients who had no previous neck surgeries. The commonly held opinion is that imaging should be done only in patients with prior neck surgery, where it is proven to be helpful even to experienced surgeons. At the initial surgery, most surgeons locate the four glands and remove the abnormal one. When only three glands are found, surgeons usually explore other areas where a gland may be present based upon the embryological origin. Moreover, intraoperative ultrasound is useful to identify an ectopic parathyroid in the thyroid or the neck.

The most cost-effective localizing procedure for the initial parathyroid surgery is to locate an experienced parathyroid surgeon.

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