

PERSISTENT HYPERPARATHYROIDISM

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Persistent hyperparathyroidism is defined as an elevated calcium within 6 weeks of surgical intervention. For all parathyroid operations (minimally invasive parathyroidectomy [MIP] and bilateral exploration) the rate of persistent hypercalcaemia is approximately 6% in sporadic disease and between 16% and 20% in hereditary disease. It usually arises as a result of a technical error during the first operation because of either a missed adenoma or asymmetrical disease. When this occurs all preoperative biochemistry, radiological imaging, intraoperative findings and pathology must be carefully reviewed. If reoperation is appropriate, repeat imaging of the neck and mediastinum is required (sestamibi, ultrasonography and 4D-CT scanning). Surgical intervention can be straightforward where there are intact tissue planes, such as following a minimally invasive parathyroidectomy. Complications, including recurrent laryngeal nerve damage and permanent hypocalcaemia, are increased when extensive previous dissection has occurred and the patient must be consented appropriately. PERSISTENT HYPERPARATHYROIDISM

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