



Parathyroid Adenoma Management: Teamwork and A Paradigm Shift

Mohnish Grover^{1*} and Sweta Lohiya²

¹Associate Professor, ENT, SMS Medical College, Jaipur, India

²Consultant, ENT, Kingsway Hospitals, Nagpur, India

***Corresponding Author:** Mohnish Grover, Associate Professor, ENT, SMS Medical College, Jaipur, India.

Received: January 08, 2020

Published: January 09, 2020

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An elephant is a strong animal, but when it comes to ants, its trunk proves to be the Achilles heel. Small things can sometimes be so very effective and important. We somehow find this to be analogous to parathyroid glands in our body. These small structures of a few grams control the body in a huge way and their importance becomes evident when they develop some pathology. An impaired calcium metabolism can lead to pathological fractures, renal stones, pancreatitis, gastric reflux, psychiatric symptoms and various other problems.

Surgery for parathyroid adenomas has somehow remained out of gambit of ENT surgeons. This is interesting, specially because for quite a few years now majority of thyroid surgeries are being done in ENT. In last few years, ENT department in many centres across the world are doing more and more of parathyroid surgeries.

With better preoperative localizing techniques and surgical techniques the traditional 4-gland exploration has now seen a paradigm shift to focused parathyroidectomy [1]. Intra op PTH measurements have been a big help in this. Various localizing techniques have been described in literature, however the most recent one is based on near infra-red auto-fluorescence which can be imaged without any contrast media injection [2]. However in parathyroid hyperplasia, MEN1 syndrome and in young patients, three and a half gland excision is recommended.

Parathyroid pathology also teaches us one more thing: teamwork. Its management commonly involves ENT surgeon, endocrinologist, nephrologist, orthopedician, Nuclear Medicine Specialist and Radiologist. Role of every specialist is important for bringing the patient back to normalcy. Probably the following quote is best suitable for management of diseases of parathyroid glands.

“When ‘I’ is replace by ‘we’, even ‘illness’ changes to ‘wellness’”

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