

Tilmelding af Foredrag

Foredragets titel

Marked reduction in postoperative hypoparathyroidism after total thyroidectomy.

Forfatter(e)

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Afdeling/praksis

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Introduktion

Total thyroidectomy (TT) is in Denmark associated with a high risk of postoperative hypoparathyroidism (hypoPT). This is mainly due to unintended surgical damage to the parathyroid glands (PGs) and their blood supply. We aimed to evaluate frequency and trends in postoperative hypoPT after TT in a 10-year period.

Materiale/metode

We evaluated the frequency of hypoPT in a 10-year period from 2012 to 2021. All surgical procedures coded KBAA60 (total thyroidectomy) were included. Data from 2012 to 2016 were evaluated retrospectively. From January 2017, we recorded all thyroid operations in a local prospective database.

Resultater

We performed TT in 532 patients. Follow-up is under 6 months for the last 32 patients (6%). The highest incidence of new hypoPT patients was in 2015 and 2016 after a marked increase in number of operations. The annual risk of postoperative persistent hypoPT declined from 33% in 2012 to 5% in 2020 corresponding to an 83% risk reduction. Transient hypoPT also declined to 29% in 2020 while normocalcemia after TT increased from 11% in 2012 to 65% in 2020.

Diskussion

With an increased operative parathyroid attention together with improved surgical technique, the frequency of permanent hypoPT can be limited to a few percent after TT. Temporary hypoPT is still very common and patients must be followed accordingly with an attention on possible medical reduction.

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