

Parathyroidectomy no better for mild primary hyperparathyroidism

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For patients with mild primary hyperparathyroidism (PHPT), outcomes

at 10 years do not differ for parathyroidectomy (PTX) compared with observation without intervention (OBS), according to a study published online April 19 in the *Annals of Internal Medicine*.

Mikkel Pretorius, M.D., from Oslo University Hospital in Norway, and colleagues examined the effect of PTX on mild PHPT with regard to mortality and key morbidities in a [randomized controlled trial](#). From 1998 to 2005, [patients](#) were randomly assigned to either PTX (95 patients) or OBS (96 patients).

The researchers found that 15 patients had died after 10 years (eight and seven in the PTX and OBS groups, respectively). Within the extended follow-up period of 20 years, there were 44 deaths (24 and 20 in the PTX and OBS groups, respectively). Overall, 101 morbidity events within 10 years, including [cardiovascular events](#), cerebrovascular events, cancer, peripheral fractures, and renal stones, were also evenly distributed between the groups (52 and 49 in the PTX and OBS groups, respectively). Sixteen [vertebral fractures](#) occurred in 14 patients during the study (seven in each group).

The "study results provide a strong rationale for nonoperative management of patients with mild PHPT," write the authors of an accompanying editorial. "The findings suggest that most patients can be managed nonoperatively, with monitoring of serum calcium levels every one to two years or if symptoms occur."

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