

## Invited Commentary

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There has remained debate about the usefulness of parathyroidectomy in hypertensive and asymptomatic primary hyperparathyroidism. Sancho and coworkers come to the conclusion that there is no amelioration of hypertension and even an increased incidence after successful operation, especially in patients with mild pre-operative renal impairment. Furthermore, higher levels of midregion parathyroid hormone and longer follow-up show the patients to be more at risk. These findings have also been established by Sivula and Ronni-Sivula in Finland [1]. They demonstrated that higher pre-operative serum calcium levels are connected with a reduced chronic health state and that mortality is significantly higher than in comparable control individuals. Increased mortality after long-term follow-up of patients undergoing parathyroidectomy was further reported by

Hedbäck and coworkers [2] in Sweden. The complications of conservative treatment of asymptomatic primary hyperparathyroidism compiled by Harrison and Wheeler [3] within 5–10 years of diagnosis are impressive: 5% to 25% of the patients develop complications. One can only speculate about the expected mortality of these patients, but one may safely assume on the basis of these four studies, that it is increased. Primary hyperparathyroidism represents a harmful and potentially lethal disease and with the successful therapy available for cure, exploration of the neck remains highly recommended. That postoperative hypertension may ensue does not undermine but substantiates the need for removal of parathyroid tumors.

### References

1. Sivula, A., Ronni-Sivula, H.: Natural history of treated primary hyperparathyroidism. *Surg. Clin. North Am.* 67:329, 1987
2. Hedbäck, G., Tisell, L.E., Bengtsson, B.A., Hedman, I., Oden, A.: Premature death in patients operated on for primary hyperparathyroidism. *World J. Surg.* 14:829, 1990
3. Harrison, B.J., Wheeler, M.H.: Asymptomatic primary hyperparathyroidism. *World J. Surg.* 15:724, 1991