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P061	<prev next="" section<="" th="" ➤=""><th>Volume 59</th></prev>	Volume 59
Endocrine Abstracts (2018) 59 P061 DOI: 10.1530/endoabs.59.P061 Clinical biochemistry: An analysis of hypocalcaemia post thyroidectomy: diagnosis and predictors Sarah Craus ¹ , Miriam Giordano Imbroll ^{1,2} , Lianne Camilleri ¹ , Alexander Attard ¹ & Mark Gruppetta ^{1,2}		Society for Endocrinology BES 2018 Glasgow, UK 19 Nov 2018 - 21 Nov 2018 Society for Endocrinology Browse other volumes
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Background: Post-thy	roidectomy hypocalcaemia is a common complication with	<u>Volume Editors</u>
incidence and predicto	ors of post-thyroidectomy hypocalcaemia (corrected calcium	Abstract Book
Method: A total of 183 2015 in a national gen	Bpatients who underwent total thyroidectomybetween 2012 and eral hospital were included in this retrospective study. Clinical and	<u>EPosters</u>
biochemical data were obtained from electronic and hard copy medical records. Results: Out of atotalof 183 patients, 142 (77.6%) were female, while 41 were males		<u>Select Language</u> ▼ Disclaimer
(22.4%). Ages ranged from 15 to 84 years, with a mean of 50.6 years (SD 15.84 years). There was variation in the incidence of hypocalcemia dependent on the timing of measurement of calcium on post-op day 1 (POD1) and the measuring of calcium on		My recent searches

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was found that the incidence of post-thyroidectomy hypocalcaemia was underestimated by 55.5% if only POD1measurement was used.

calciumwas associated with post-thyroidectomy hypocalcaemia (P=0.048). However it

subsequent days. The incidence of post-operative hypocalcaemia on day 1 was 17.5%

patients (1.63%) the indication was unclear. A lower preoperative uncorrected

(n=32). The indications for surgery included Graves' disease (62 patients, 33.88%), multi-

nodular goitre (50 patients, 27.32%), malignancy (28 patients, 16.39%), the presence of a thyroid nodule (22 patients, 12.02%), hyperparathyroidism (18 patients, 9.83%) and in 3

Discussion: Measuring calcium on POD1may miss patients who would subsequently develop hypocalcaemia. Other possible contributing factors for post-op hypocalcaemia, including age, gender, histology and indication for surgery were not found to be statistically significant, and could not be used to predict who will develop hypocalcaemia. This emphasises the need for stringent guidelines for assessing and managing patients undergoing total thyroidectomy and possible associated hypocalcaemia.

Keywords: Hypocalcaemia, Post total-thyroidectomy

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