



Quality of life is modestly improved in older patients with mild primary hyperparathyroidism postoperatively: results of a prospective multicenter study

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BACKGROUND: The objectives of this study were to evaluate, in mild primary hyperparathyroidism (pHPT) patients, the quality of life (QoL) using the SF-36 questionnaire before and after parathyroidectomy and to detect preoperatively patients who benefit the most from surgery. Most pHPT patients present a mild pHPT defined by calcemia ≤ 11.4 mg/dL. For these patients, there is debate about whether they should be managed with surveillance, medical therapy, or surgery. **METHODS:** A prospective multicenter study investigated QoL (SF-36) in patients with mild pHPT before and after parathyroidectomy in four university hospitals. Laboratory results and SF-36 scores were obtained preoperatively and postoperatively (3, 6, and 12 months).

Résumé en
anglais

RESULTS: One hundred sixteen patients were included. After surgery, the biochemical cure rate was 98%. Preoperatively, the mental component summary and the physical component summary (PCS) were 38.69 of 100 and 39.53 of 100, respectively. At 1 year, the MCS and the PCS were 41.29 of 100 and 42.03 of 100. The subgroup analysis showed a more significant improvement in patients < 70 years and with calcemia ≥ 10.4 mg/dL. Postoperative PCS was correlated with age and preoperative PCS: variation = $32.11 - 0.21 \times \text{age} - 0.4 \times \text{preoperative PCS}$. Men did not improve their MCS postoperatively. Only women with a preoperative MCS < 43.6 of 100 showed postoperative improvement. **CONCLUSIONS:** This study showed, in patients with mild pHPT, an improvement of QoL 1 year after parathyroidectomy. Patients < 70 years and with calcemia ≥ 10.4 mg/dL had a more significant improvement.

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