Letter and Reply

The need for parathyroidectomy

Sir,
It is impressive to know that a serum phosphate level of >1.85 mmol/l (5.7 mg/dl) at 1 year after the start of dialysis may predict future need for parathyroidectomy [1]. Jorna et al. [1] also claim that the use of parathyroidectomy has not changed in recent years, perhaps trying to suggest that our management of secondary hyperparathyroidism remains inadequate. But data from the United States Renal Data System, spanning the decade from 1988 to 1998, clearly show that use of parathyroidectomy has declined significantly over this time [2]. A follow-up analysis of USRDS data has confirmed this [3]. The USRDS data are in contrast to the smaller negative dataset of Malberti et al. [4]. Significant trends with time could be missed unless one uses a large enough population. Thus, the US data are probably more reliable.

More importantly, there may be survival benefit to a properly timed parathyroidectomy [5]. Thus, medical management of secondary hyperparathyroidism in chronic dialysis patients has probably improved in recent years. This correlates well with increasing use of vitamin D analogues. The new calcimimetic agents might add to this benefit, but we are already doing better than we did in the bad old days.

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Reply

Sir,
We appreciate the comments made on our paper [1] by Cohen. A recent paper, indeed, showed a decline independent of age, gender and primary cause of end-stage renal disease (ESRD) of parathyroidectomy (PTx) rates since 1995 in a large population of patients with ESRD in the USA studied in the period of 1990–1999 [2]. As stated in that article, it is currently impossible to say whether the decline is due to improved control of serum parathyroid hormone by medical and dietary intervention, increased awareness of hyperparathyroidism, changes in referral patterns for PTx or a combination of all these. These recent data contrast with those provided by Malberti et al., which represent the largest database on PTx available in Europe. They studied a population of more than 14 000 ESRD patients in the period of 1983–1996 and saw no appreciable decline in the rate of PTx [3]. Unfortunately, there are no data available after the period of 1996 at the moment. We agree with Cohen that changes in PTx rates might be seen only over a long period of time in large populations [4]. In the meantime we must conclude that PTx is still needed in a significant number of patients and that this reflects our failure to adequately control disturbances in calcium, phosphate and vitamin D metabolism in patients with renal failure.

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