

Summary

Surgical management of primary hyperparathyroidism is a very effective method. The target is to cure primary hyperparathyroidism and to reach normal calcium levels. This results in an improvement of health condition and resolution or at least moderation of symptoms. Complications are infrequent and mortality is very low. Surgical management is definite, safe and effective. Number, location and surrounding structures of parathyroid glands with emphasis on parathyroidectomy were studied on 101 cadaverous bodies. We recommend the performance of parathyroidectomy in a circumscribed area 2 cm in diameter, 1 cm cranially to the intersection of the inferior thyroid artery and recurrent laryngeal nerve. We identified 75% of samples as parathyroid glands. The rest of collected samples were lymph nodes, fat particles and thyroid or lipothymic tissue. During the course of this study, we have tested techniques of miniinvasive procedures.

In the following part, the bony, metabolic and biochemical syndromes are evaluated. We presented series of 151 patients that have been operated with the diagnosis of primary hyperparathyroidism. The survey is focused on the primary hyperparathyroidism and concomitant diseases and on the possible sequelae in the postoperative period. The special part is describing 10 clinical cases in children. aim is part about clinical symptoms by children.

There is a tendency to localize the pathological parathyroid gland before the operation. We can divide preoperative localization techniques in non-invasive, invasive and peroperative. We have presented the experiences of non-invasive method especially ultrasound and technecium 99m sestamibi scans. Other methods, that are discussed in the article are CT, MR, angiography, venous sample of iPTH, fine-needle aspiration and the methods used by the operation for example intraoperative parathyroid hormone assay, radioguided operation and intraoperative biopsy. We collected the results of group 104 patients with the diagnosis of primary hyperparathyroidism.

The gold standard for the treatment of primary hyperparathyroidism is systematic bilateral neck exploration. The improvement in localization procedures has contributed to the development of minimally invasive techniques. Of the 436 patients, 29 patients with primary hyperparathyroidism were offered miniinvasive videoassisted parathyroidectomy. Two patients required conversion to bilateral neck exploration. Mininvasive videoassisted parathyroidectomy is a method of choose and it is safe method.