Med. čas. 2024; 58(2): 61-65.
STRUČNI ČLANAK
doi: 10.5937/mckg58-53033
COBISS . SR - ID 162178057
UDK. 616.447-089(497.11)

HIRURGIJA PARAŠTITASTIH ŽLEZDA – RAD ODELJENJA ENDOKRINE HIRURGIJE KLINIKE OPŠTE I GRUDNE HIRURGIJE UKC KRAGUJEVAC

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PARATHYROID GLAND SURGERY - WORK OF THE ENDOCRINE SURGERY DEPARTMENT OF THE CLINIC FOR GENERAL AND THORACIC SURGERY UCC KRAGUJEVAC

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SAŽETAK

Cilj. Cilj naše studije bio je da prikažemo naše iskustvo u hirurškom lečenju pacijenata sa hiperparatiroidizmom u bolnici tercijarnog nivoa u zemlji sa srednjim prihodima i ograničenim resursima.

Metode. Studija je sprovedena kao opservaciona retrospektivna analiza na pacijentima koji su podvrgnuti paratireodektomiji u Univerzitetskom kliničkom centru Kragujevac (UKCKG), od septembra 2018. do septembra 2023. godine. Podaci su prikupljeni iz medicinske dokumentacije i analizirani korišćenjem deskriptivne statistike i odgovarajućih testova za evaluaciju razlika parametara. Svi proračuni su izvršeni korišćenjem IBM SPSS Statistics for Windows, verzija 23.0.

Rezultati. Izvršena je ukupno 61 paratireodektomija, od toga 7 (11,5%) s komplikacijom, uključujući tri (4,9%) slučaja seroma i četiri (6,6%) pareze rekurentnog nerva. Primarni hiperparatireoidizam je dijagnostikovan kod 90,2% pacijenata, dok je sekundarni hiperparatireoidizam bio prisutan kod 9,8% pacijenata. Patohistološki, adenom je potvrđen kod 72,1% pacijenata, dok je hiperplazija dijagnostikovana kod 27,9% pacijenata. Analiza je pokazala da je ultrazvučno izmereni volumen paratireoidne žlezde statistički značajno veći u poređenju s volumenom koji je izmerio patolog. Takođe, uočeno je da je gornja paratireoidna žlezda češće ekstrahovana kod pacijenata kod kojih je preoperativni nivo kalcijuma bio viši (p = 0,015). Kada je u pitanju histološka dijagnoza (adenoma/ hiperplazija), nisu uočene statistički značajne razlike između grupa u svim posmatranim parametrima. Komparativna analiza laboratorijskih nalaza pre i posle operacije pokazala je značajno smanjenje nivoa parathormona, kalcijuma i vitamina D, dok je smanjenje fosfora imalo marginalnu statističku značajnost.

Zaključak. Hirurško lečenje hiperparatireoidizma je efikasno i sigurno. Hirurzi treba da budu adekvatno edukovani u referentnim ustanovama da bi se postigli što bolji rezultati i smanjio broj komplikacija.

Ključne reči: *hiperparatiroidizam; paratireoidna žlezda; paratireoidni hormon; adenom*

ABSTRACT

Objective. The aim of our study was to present our experience in the surgical treatment of patients with hyperparathyroidism in a tertiary care hospital in a middle-income, resource-limited country.

Methods. The study was conducted as an observational retrospective analysis on patients who underwent parathyroidectomy at the University Clinical Center Kragujevac (UCCKG), in the period from September 2018 to September 2023. Data were collected from medical records and analyzed using descriptive statistics and appropriate tests to evaluate parameter differences. All calculations were performed using IBM SPSS Statistics for Windows, version 23.0.

Results. A total of 61 parathyroidectomies were performed, of which 7 (11.5%) had complications, including 3 (4.9%) cases of seroma and 4 (6.6%) recurrent nerve paresis. Primary hyperparathyroidism was diagnosed in 90.2% of patients, while secondary hyperparathyroidism was present in 9.8% of patients. Pathohistologically, adenoma was confirmed in 72.1% of patients, while hyperplasia was diagnosed in 27.9% of patients. The analysis showed that the volume of the parathyroid gland measured by ultrasound was statistically significantly higher compared to the volume measured by the pathologist. Also, it was observed that the upper parathyroid gland was extracted more often in patients whose preoperative calcium level was higher (p=0.015). When it comes to the histological diagnosis (adenoma/ hyperplasia), no statistically significant differences were observed between the groups in all observed parameters. Comparative analysis of laboratory findings before and after the surgery showed a significant decrease in parathyroid hormone, calcium and vitamin D levels, while the decrease in phosphorus had marginal statistical significance.

Conclusion. Surgical treatment of hyperparathyroidism is effective and safe. Surgeons should be adequately educated in reference institutions in order to achieve the best possible results and reduce the number of complications.

Key words: *hyperparathyroidism; parathyroid glands; parathyroid hormone; adenoma.*

Primljen/Received: 27.08.2024.
Prihvaćen/Accepted: 13.11.2024.

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