

Hyperparathyroidism

An overactive parathyroid gland is known as hyperparathyroidism. Under this condition, one or more of the parathyroid glands behaves inappropriately by making excess hormone resulting in high blood calcium levels.

What causes Hyperparathyroidism?

The most common cause is the development of a benign tumour in one of the parathyroid glands. This 'out of control' parathyroid gland is essentially never cancerous (less than one in 500); however, it slowly causes damage to the body because it induces an abnormally high level of calcium in the blood.

A minority of all patients with primary hyperparathyroidism will have an enlargement of all four parathyroid glands, a term called parathyroid hyperplasia. In this instance, all of the parathyroid glands become enlarged and produce too much parathyroid hormone.

Symptoms

Although most people with primary hyperparathyroidism claim to feel well when the diagnosis is made, the majority of these will actually say they feel better after the problem has been cured. This can only be known retrospectively when patients are allowed to comment on how they feel several months after the operation. Many patients who thought they were without symptoms before the operation will claim to sleep better at night, be less irritable, and find that they remember things much easier than they could when their calcium levels were high. In a lot of patients, bones can give up so much of their calcium that the bones become brittle and break (osteoporosis).

Other symptoms of hyperparathyroidism are the development of gastric ulcers and pancreatitis, although these are rare complications. Another relatively common presentation for persistently elevated calcium levels is the development of kidney stones.

Potential dangers of hyperparathyroidism

- Osteoporosis and osteopenia
- Bone fractures
- Kidney stones
- Nervous system complaints

- Peptic ulcers
- Pancreatitis

Diagnosis

The diagnosis is made by a simple blood test measuring calcium and parathyroid hormone levels in the blood.

Treatment

The only two choices available for patients with primary hyperparathyroidism are to do nothing, or to have surgical removal of the diseased parathyroid gland. If the calcium levels are only mildly elevated and no complications have arisen then an operation may not be required. However, the majority of patients need an operation.

More information is available on the Trust website www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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