

How to Resect a Mediastinal Parathyroid Adenoma

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A 60 year old woman had a history of fatigue and nephrolithiasis. Her serum calcium and parathyroid hormone levels were 11.45mg/dL (8.6-10.2) and 464,7pg/mL (15-65) respectively. Her tubular phosphate reabsorption rate was 56% while her chloride/phosphate ratio was 69,9. Her neck USG was normal. A parathyroid scintigraphy revealed a mass extending from lower pole of

the left thyroid lobe to the mediastinal region with tracer retention. CT scan of neck and thorax verified the mass below the aortic arch, which was nodular, isodense with the thyroid gland and measured approximately 26x27 mm and detected another hypodense nodule within this bigger nodular mass measuring 13x11mm.

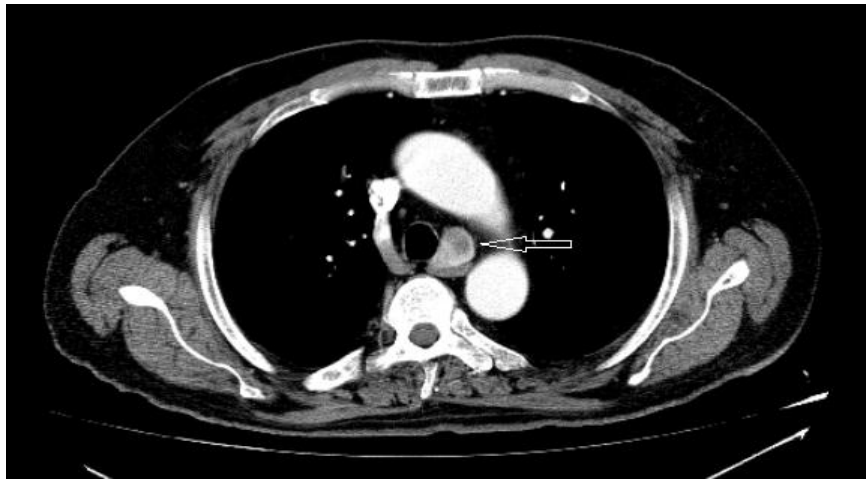


Figure 1: *Parathyroid adenoma in computerised tomography*

This mass was connected to left thyroid lobe by a tubular tissue. These findings were interpreted as consistent with mediastinal parathyroid adenoma. During the surgery,

after the upper pole of the adenoma was explored, it was resected with blunt dissections using the balloon of a foley catheter

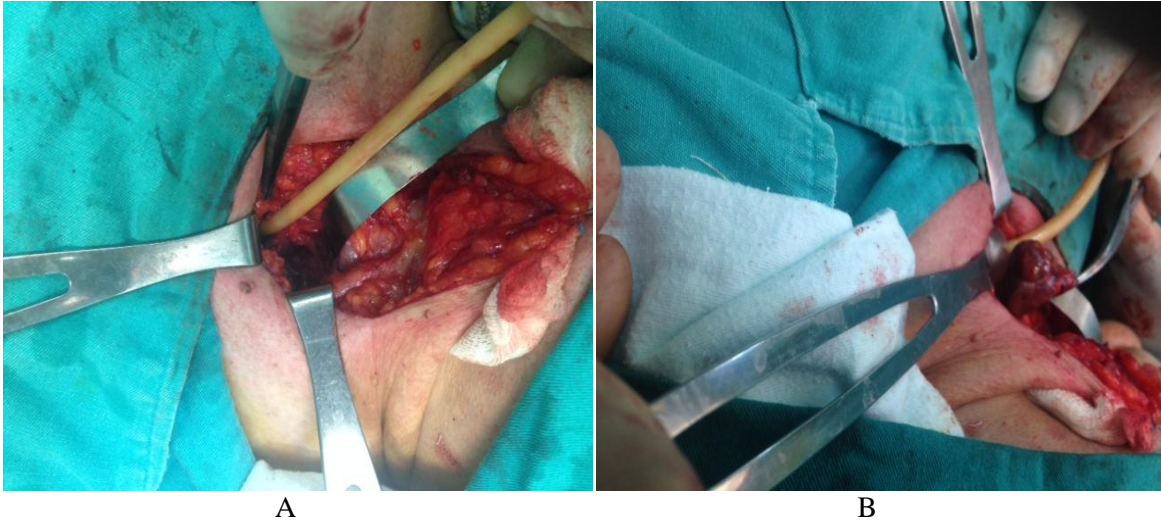


Figure 2: A and B exploration findings

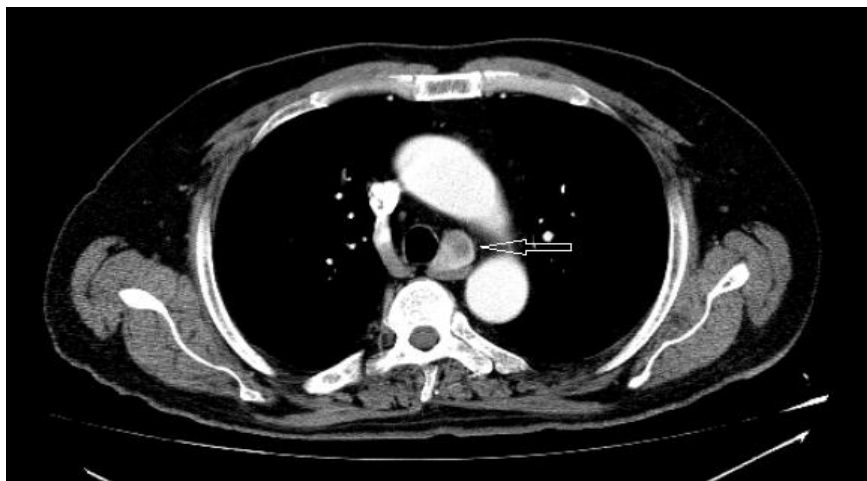
This is a novel way of dissection of mediastinal parathyroid adenoma when its location is impossible to reach without

sternotomy and if parathyroid gland is considered to be descended from its original location in the neck.

MEDİASTİNAL BİR PARATİROİD ADENOMU REZEKSİYONU

60 yaşında yorgunluk ve böbrek taşı hikayesi olan bir bayan hasta. Serum kalsiyum ve paratormon seviyeleri 11.45mg/dL(8.6-10.2) ve 464,7pg/mL idi. Klorid/fosfat oranı 69,9 iken tübüler fosfat emilim oranı %56 idi. Boyun ultrasonografisi normaldi. Paratiroid sintigrafide sol tiroid lobu alt polden

mediastinel bölgeye trase şeklinde uzanan bir kitle tespit edildi. Boyun ve toraks CT görüntülemeye aortik arkın altında, nodüler, tiroid lobu ile izodens, yaklaşık 26*27 mm'lik bu kitle ile komşulukta 13*11 mm boyutlarında ayrı bir hpodens nodül saptandı.



Resim 1: Bilgisayarlı tomografide paratiroid adenomu

Bu doku sol tiroid lobuna tubuler bir doku ile bağlıydı. Bu bulgular mediastinel bir paratiroid adenomuna ile tutarlılık göstermekteydi. Cerrahi esnasında, adenomun

üst kutbu eksplere edildikten sonra, kitleye foley kateter balonu kullanılarak künt diseksiyonlarla ulaşıldı.



A

B

Resim 2: A ve B araştırma bulguları

Bu yöntem mediastinel paratiroid adenomunun diseksiyonunda eğer lokalizasyonu ulaşmak için imkansız bir yerde ise ve

eğer paratiroid bezi boyunda olması gereken orijinal lokalizasyonundan daha aşağıda ise kullanılan yeni bir yöntemdir.

REFERENCES

1. Crescenzo DG, Shabahang M, Gravin D, Evans SR. *Intrathyroidal parathyroid cancer presenting as a left neck mass. Thyroid* 1998;8:597-599.