

PREVALENCE OF ACUTE KIDNEY INJURY AFTER SURGICAL TREATMENT OF PRIMARY HYPERPARATHYROIDISM.

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Parathyroidectomy remains the principal treatment method of primary hyperparathyroidism. In spite of good results of treatment and favorable prognosis some patients present acute kidney injury during the postoperative period. This is mostly the problem of tertiary referral centers that could elongate the hospital staying and may require admission of patients to the intensive care unit.

PATIENTS AND METHODS: we performed a retrospective analysis of 150 patients who underwent parathyroidectomy for primary hyperparathyroidism in our clinic from August till December 2018. Creatinine levels before and 24-48 hours after surgery were measured and compared. Acute kidney injury was defined according KDIGO 2012 criteria.

RESULTS: The median age of patients at the moment of surgery was 57,2 years (range: 22-86 years). 14 of 150 patients (9,3%) were previously diagnosed with chronic kidney disease stage 3 or worse. 25,3 % (n=38) patients had increased postoperative creatinine level met the criteria of acute kidney injury stages 1-2.

CONCLUSION: We observed high prevalence of acute kidney injury in patients after parathyroidectomy for primary hyperparathyroidism. Although deterioration of renal function occurs asymptotically in the majority of cases, sometimes it requires additional management (i.e. administration of IV fluid, diuretics, ICU staying). Acute kidney injury after successful parathyroidectomy takes place in patients diagnosed with pre-existing chronic kidneydisease and in patients with normal or mildly reduced kidney function as well. Serum creatinine levels measurement before and 24-48 hours after parathyroidectomy should be included in the routine laboratory work-up in patients with primary hyperparathyroidism