

439 Managing Parathyroid Carcinoma in the Age of COVID 19

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Aim: Parathyroid carcinoma is a rare malignancy accounting for 1% of cases of primary hyperparathyroidism. Pre-operative diagnosis is difficult because in the absence of metastatic disease, the presentation is similar to benign parathyroid disease. In patients with hyperparathyroidism and severe hypercalcaemia or a significantly raised parathyroid hormone (PTH) level clinicians should consider parathyroid carcinoma and expediting surgical management. During the current pandemic, a high index of suspicion should be maintained to ensure that care is not compromised. A review of the management of patients with suspected parathyroid carcinoma during the COVID-19 pandemic is presented.

Method: In our tertiary referral centre for Endocrine surgery, 4 presentations of parathyroid cancer were reviewed. Their investigations, surgical management and post-operative outcomes are described with a brief literature review of parathyroid cancer.

Results: Of the four cases of parathyroid carcinoma described, all presented with severe hypercalcaemia and significantly raised PTH levels. Pre-operative mean calcium was 3.36mmol/L and mean PTH was 80pmol/L (52-99.8). Patients were imaged with a combination of cross-sectional imaging and ultrasound. Two patients had evidence of distant disease at presentation. 1 patient was transferred as an inpatient to our centre and the other three patients were seen within 2 weeks of referral; the mean time from referral to surgery was 14days (1-23). Post-operatively, all patients achieved normocalcaemia, with PTH levels normal in all but one.

Conclusions: Despite limitations on face-to-face clinic consultations and reduced capacity for elective surgery during the COVID-19 pandemic, all patients were investigated and managed promptly to ensure superior outcomes.