

EXPERIENCE WITH CONTROL OF SEVERE SECONDARY HYPERPARATHYROIDISM

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Prior to the use of vitamin D analogues and calcimimetics, PTHectomy was the only option for severe refractory secondary hyperparathyroidism. We reviewed the efficacy of our hemodialysis unit Zemplar protocol in a group of patients with persistent severe secondary hyperparathyroidism (intact PTH levels >1000 on at least 3 occasions in 6 month period). 14 patients were identified. PTH, calcium, phosphorus levels, CaP product, and Zemplar dose were assessed at baseline then every 4 months for the next 2 years. During this period, Sensipar became clinically available and was used in 6 of the 14 patients at the discretion of their physician. 9 of the 14 patients achieved at least transient goal PTH (150-300), 3 achieved partial control (PTH 301-600). PTH levels fell from 1642 ± 113 to 632 ± 162 pg/ml, $p < 0.05$). 3 patients underwent PTHectomy. Hypercalcemia (≥ 11) occurred in 4. 9 developed elevated CaP product > 70 . 4 patients died and 2 patients had calciphylaxis. In summary, severe secondary hyperparathyroidism can be medically managed in most patients with use of a Zemplar protocol. However, there is a fairly high incidence of hypercalcemia and elevated CaP product. Incorporation of the use of Sensipar into the protocol at an early stage should be considered to determine if this may decrease the risk of hypercalcemia and an elevated CaP product.