

# BÖLÜM 10

## PARATIROID CERRAHİSİNE YARDIMCI NÜKLEER TIP YÖNTEMLERİ

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### GİRİŞ

Paratiroid cerrahisi başta primer hiperparatiroidizm (PHPT) olmak üzere hiperparatiroidi (HPT) hastalarında hiperfonksiyone paratiroid bezlerinin çıkarılması amacıyla gerçekleştirilir. Paratiroid cerrahisinde başarı; doğru tanınal yaklaşıma, preoperatif görüntüleme yöntemleri ile lezyon lokalizasyonuna, uygun cerrahi yonteme, intraoperatif lokalizasyon yöntemleri ile lezyonun tespitine, intraoperatif yeterli ve başarılı cerrahinin göstergelerinin kullanılmasına ve cerrahi deneyime dayanır. Nükleer Tıp yöntemleri hem preoperatif lezyon lokalizasyonunda hem de intraoperatif lezyon tespitinde başarıyla kullanılmaktadır.

Primer hiperparatiroidizm (PHPT), normal olmayan paratiroid glandlarından paratiroid hormonun (parathormon, PTH) otonom artmış üretim ve salınımından ortaya çıkan, yaygın bir endokrin hastalıktır (1). PHPT, genel prevalansı %0.1 ile %0.5 arasında olup, insidansı kadınlarda 100000'de 66, erkeklerde 100000'de 25'dir (2, 3). Kadınlarda erkeklerden 3-4 kat daha sıklıkla görülür (4-6). Yaşla birlikte PHPT insidansı artar (7). 50-65 yaş aralığında daha yaygındır (8). Ayaktan poliklinik hastalarında hiperkalseminin en sık nedeni PHPT'dir (5).

PHPT olgularının %85'i soliter adenom, geri kalanı sıklıkla multigland hiperplazi ve daha az sıklıkla çift adenom iken, paratiroid kanseri nadiren sporadik PHPT'nin bir nedenidir ve vakaların % 1'inden daha azını oluşturur (9-11).

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