

BÖLÜM

27

PARATİROID HORMON VE OSTEOPOROZ

Ayşegül ATMACA¹

Giriş

Paratiroid bezden salgılanan paratiroid hormon (PTH) 84 aminoasitli bir polipeptit hormondur. Hem kalsiyum homeostazında, hem de kemik yeniden yapılanmasında rol oynar. PTH kalsiyum düzeylerini normal tutmak için etkilerini başlıca üç mekanizma ile gerçekleştirir: gastrointestinal sistemden kalsiyum emilimi, böbrekten kalsiyum ve fosfat geri emilimi ve kemikten osteoklastik rezorpsiyon. PTH bu etkilerini 1-34 N-terminal fragmanı sayesinde gerçekleştirir(1). Hiperparatiroidizmde sürekli yüksek PTH düzeyleri nedeniyle hiperkalsemi ve osteoporoz gelişirken, düşük doz aralıklı PTH veya fragmanları osteoanabolik etki gösterir. PTH osteoanabolik etkisini osteoblastların apopitozunu önleyerek ve osteoblast sayı ve fonksiyonlarını artırarak yapar(2). Rekombinant insan PTH'sinin aralıklı kullanımının kemik yapısını yıkımından daha fazla artırdığının gösterilmesi osteoporoz tedavisinde kullanımını sağlamıştır(3).

PTH Fizyolojisi

PTH bazı genlerin ekspresyonlarını değiştirerek hem direk, hem indirek yollarla biyolojik etkilerini gösterir. Protein kinaz C ve c-fos sinyal yollarları aracılığıyla osteoblast ve osteoklastların proliferasyon ve diferansiyasyonunu stimüle eder, insülin benzeri büyümeye faktörü (IGF) I ve II ve IGF bağlayıcı protein-3 aracılığıyla fibronektin, osteokalsin ve α -1 kollajenin yapımını artırır, trabeküler kemik kütlesini artırır(4,5). Yaşa birlikte vitamin D eksikliği gelişmesine bağlı PTH düzeyleri artar. Senil osteoporoza katkıda bulunan faktörlerden birisi de PTH artışıdır(6). PTH salgılanması ekstraselüler kalsiyum düzeyleri ve 1,25 (OH)₂D tarafından düzenlenir(6).

PTH ile ilişkili bir diğer protein 141 aminoasitten oluşan PTH-ilişkili peptittir (PTHiP). İlk 13 aminoasitten 8'i PTH ile aynıdır, diğerleri de yapısal homoloji taşır(7). PTHiP kondrosit proliferasyonu ve diferansiyasyonu aracılığıyla erken dönemde iskelet gelişiminden sorumludur(6).

¹ Prof. Dr., Ondokuz Mayıs Üniversitesi Tıp Fakültesi, İç Hastalıkları AD., Endokrinoloji ve Metabolizma BD., atmaca_aysegul@yahoo.com

ile daha fazla KMY artışı olduğunu gösteren çalışmalar vardır. Bu konuda kırık riskini de içeren daha fazla araştırmaya ihtiyaç vardır. PTH ve analogları kırık iyileşmesini hızlandırır, dental ve or-

topedik implantların peri-implant bölgelere daha iyi bağlanmasını sağlar. Bu nedenle kırık gelişen hastalarda kırık sonrası erken dönemde kullanılır.

Kaynaklar

1. Ellegaard M, Jørgensen NR, Schwarz P. Parathyroid hormone and bone healing. *Calcified Tissue International*, 2010; 87 (1), 1-13. Doi: 10.1007/s00223-010-9360-5
2. Tam CS, Heersche JNM, Murray TM, et al. Parathyroid hormone stimulates the bone apposition rate independently of its resorptive action: Differential effects of intermittent and continuous administration. *Endocrinology*, 1982; 110 (2), 506-512. Doi: 10.1210/endo-110-2-506
3. Reeve J, Meunier PJ, Parsons JA, et al. Anabolic effect of human parathyroid hormone fragment on trabecular bone in involutional osteoporosis: a multicentre trial. *British Medical Journal*, 1980; 280 (6228), 1340-1344. Doi: 10.1136/bmj.280.6228.1340
4. Lee K, Deeds JD, Chiba S, et al. Parathyroid hormone induces sequential c-fos expression in bone cells in vivo: in situ localization of its receptor and c-fos messenger ribonucleic acids. *Endocrinology*, 1994; 134 (1), 441-540. Doi: 10.1210/endo.134.1.8275957
5. Johansson AG, Baylink DJ, af Ekenstam E, et al. Circulating levels of insulin-like growth factor-I and -II, and IGF-binding protein-3 in inflammation and after parathyroid hormone infusion. *Bone and Mineral*, 1994; 24 (1), 25-31. Doi: 10.1016/s0169-6009(08)80128-6
6. Noordin S, Glowacki J. Parathyroid hormone and its receptor gene polymorphisms: implications in osteoporosis and in fracture healing. *Rheumatology International*, 2016; 36 (1), 1-6. doi: 10.1007/s00296-015-3319-9
7. Gensure RC, Gardella TJ, Juppner H. Parathyroid hormone and parathyroid hormone-related peptide, and their receptors. *Biochemical and Biophysical Research Communications*, 2005; 328 (3), 666-676. Doi: 10.1016/j.bbrc.2004.11.069
8. Stewart AF, Horst R, Deftos LJ, et al. Biochemical evaluation of patients with cancer-associated hypercalcemia: evidence for humoral and nonhumoral groups. *The New England Journal of Medicine*, 1980; 303 (24), 1377-1383. doi: 10.1056/NEJM198012113032401
9. Hosoi T, Miyao M, Inoue S, et al. Association study of parathyroid hormone gene polymorphism and bone mineral density in Japanese postmenopausal women. *Calcified Tissue International*, 1999; 64 (3), 205-208. Doi: 10.1007/s002239900603
10. Tenne M, McGuigan FE, Ahlborg H, et al. Variation in the PTH gene, hip fracture, and femoral neck geometry in elderly women. *Calcified Tissue International*, 2010; 86 (5), 359-366. Doi: 10.1007/s00223-010-9351-6
11. Guo Y, Zhang LS, Yang TL, et al. IL21R and PTH may underlie variation of femoral neck bone mineral density as revealed by a genome-wide association study. *Journal of Bone and Mineral Research*, 2010; 25 (5), 1042-1048. Doi: 10.1359/jbmr.091040
12. Vilarino-Guell C, Miles LJ, Duncan EL, et al. PTHR1 polymorphisms influence BMD variation through effects on the growing skeleton. *Calcified Tissue International*, 2007; 81 (4), 270-278. Doi: 10.1007/s00223-007-9072-7
13. Leder BZ. Parathyroid Hormone and Parathyroid Hormone-Related Protein Analogs in Osteoporosis Therapy. *Current Osteoporosis Reports*, 2017; 15 (2), 110-119. Doi: 10.1007/s11914-017-0353-4
14. Macdonald HM, Nishiyama KK, Hanley DA, et al. Changes in trabecular and cortical bone microarchitecture at peripheral sites associated with 18 months of teriparatide therapy in postmenopausal women with osteoporosis. *Osteoporosis International*, 2011; 22 (1): 357-362. Doi: 10.1007/s00198-010-1226-1
15. Martin TJ. Bone biology and anabolic therapies for bone: current status and future prospects. *Journal of Bone Metabolism*, 2014; 21 (1), 8-20. Doi: 10.11005/jbm.2014.21.1.8
16. Neer RM, Arnaud CD, Zanchetta JR, et al. Effect of parathyroid hormone (1-34) on fractures and bone mineral density in postmenopausal women with osteoporosis. *The New England Journal of Medicine*, 2001; 344 (19), 1434-1441. doi: 10.1056/NEJM200105103441904
17. Hansen S, Hauge EM, Beck Jensen JE, et al. Differing effects of PTH 1-34, PTH 1-84, and zoledronic acid on bone microarchitecture and estimated strength in postmenopausal women with osteoporosis: an 18-month open-labeled observational study using HR-pQCT. *Journal of Bone and Mineral Research*, 2013; 28 (4), 736-745. Doi: 10.1002/jbmr.1784
18. Tsai JN, Uihlein AV, Burnett-Bowie SM, et al. Effects of Two Years of Teriparatide, Denosumab, or Both on Bone Microarchitecture and Strength (DATA-HRpQCT study). *The Journal of Clinical Endocrinology and Metabolism*, 2016; 101 (5), 2023-2030. Doi: 10.1210/jc.2016-1160
19. Miller PD, Hattersley G, Riis BJ, et al. Effect of Abaloparatide vs Placebo on New Vertebral Fra-

- ctures in Postmenopausal Women With Osteoporosis: A Randomized Clinical Trial. *JAMA*, 2016; 316 (7), 722-733. Doi: 10.1001/jama.2016.11136
20. Cosman F, Eriksen EF, Recknor C, et al. Effects of intravenous zoledronic acid plus subcutaneous teriparatide [rhPTH(1-34)] in postmenopausal osteoporosis. *Journal of Bone and Mineral Research*, 2011; 26 (3), 503-511. Doi: 10.1002/jbm.238
 21. Kaufman JM, Orwoll E, Goemaere S, et al. Teriparatide effects on vertebral fractures and bone mineral density in men with osteoporosis: treatment and discontinuation of therapy. *Osteoporosis International*, 2005; 16 (5), 510-516. Doi: 10.1007/s00198-004-1713-3
 22. Saag KG, Zanchetta JR, Devogelaer JP, et al. Effects of teriparatide versus alendronate for treating glucocorticoid-induced osteoporosis: thirty-six-month results of a randomized, double-blind, controlled trial. *Arthritis and Rheumatism*, 2009; 60 (11), 3346-3355. Doi: 10.1002/art.24879
 23. Glüer CC, Marin F, Ringe JD, et al. Comparative effects of teriparatide and risedronate in glucocorticoid-induced osteoporosis in men: 18-month results of the EuroGIOPs trial. *Journal of Bone and Mineral Research*, 2013; 28 (6), 1355-1368. Doi: 10.1002/jbmr.1870
 24. Andrews EB, Gilsean AW, Midkiff K, et al. The US postmarketing surveillance study of adult osteosarcoma and teriparatide: study design and findings from the first 7 years. *Journal of Bone and Mineral Research*, 2012; 27 (12), 2429-2437. Doi: 10.1002/jbmr.1768
 25. Finkelstein JS, Wyland JJ, Lee H, et al. Effects of teriparatide, alendronate, or both in women with postmenopausal osteoporosis. *The Journal of Clinical Endocrinology and Metabolism*, 2010; 95 (4), 1838-1845. Doi: 10.1210/jc.2009-1703
 26. Black DM, Greenspan SL, Ensrud KE, et al. The effects of parathyroid hormone and alendronate alone or in combination in postmenopausal osteoporosis. *The New England Journal of Medicine*, 2003; 349 (13), 1207-1215. Doi: 10.1056/NEJMoa031975
 27. Tsai JN, Uihlein AV, Lee H, et al. Teriparatide and denosumab, alone or combined, in women with postmenopausal osteoporosis: the DATA study randomised trial. *Lancet*, 2013; 382 (9886), 50-56. Doi: 10.1016/S0140-6736(13)60856-9
 28. Leder BZ, Tsai JN, Uihlein AV, et al. Denosumab and teriparatide transitions in postmenopausal osteoporosis (the DATA-Switch study): extension of a randomised controlled trial. *Lancet*, 2015; 386 (9999), 1147-1155. Doi: 10.1016/S0140-6736(15)61120-5
 29. Nancollas GH, Tang R, Phipps RJ, et al. Novel insights into actions of bisphosphonates on bone: differences in interactions with hydroxyapatite. *Bone*, 2006; 38 (5), 617-627. Doi: 10.1016/j.bone.2005.05.003
 30. Miller PD, Delmas PD, Lindsay R, et al. Early responsiveness of women with osteoporosis to teriparatide after therapy with alendronate or risedronate. *The Journal of Clinical Endocrinology and Metabolism*, 2008; 93 (10), 3785-3793. Doi: 10.1210/jc.2008-0353
 31. Ettinger B, San Martin J, Crans G, et al. Differential effects of teriparatide on BMD after treatment with raloxifene or alendronate. *Journal of Bone and Mineral Research*, 2004; 19 (5), 745-751. Doi: 10.1359/JBMR.040117
 32. Alkhairy YM, Gerstenfeld LC, Krall E, et al. Enhancement of experimental fracture-healing by systemic administration of recombinant human parathyroid hormone (PTH 1-34). *The Journal of Bone and Joint Surgery American*, 2005; 87 (4), 731-741. Doi: 10.2106/JBJS.D.02115
 33. Bernhardsson M, Aspenberg P. Abaloparatide versus teriparatide: a head to head comparison of effects on fracture healing in mouse models. *Acta Orthopaedica*, 2018; 89 (6), 674-677. Doi: 10.1080/17453674.2018.1523771