

# 15. BÖLÜM

## PARATIROID TÜMÖRLERİNİN KLİNİK BULGULARI VE TANI YÖNTEMLERİ

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### GİRİŞ

Paratiroid tümörleri; Paratiroid adenomu, atipik paratiroid adenomu, paratiroid hiperplazisi ve paratiroid karsinomu şeklinde sınıflandırılabilir. Paratiroid tümörlerinin %85'ini adenomlar, <%1'ini karsinomlar oluşturur. Paratiroid kanserleri, tüm solid malignitelerin %0.005'ini oluşturur. Bazı durumlarda kullanılan tanı kriterleri tümörü karsinom olarak sınıflamak için yeterli değildir. Ancak kesin olarak benignite kriterlerini de sağlamayan bu tümörler atipik paratiroid adenomu olarak sınıflandırılır(1). Hiperkalsemi, parathormon (PTH) yüksekliği veya boyunda belirgin kitlesel lezyonu olan hastalarda paratiroid tümöründen şüphelenmek gerekir. Öncelikle yüksek serum kalsiyum konsantrasyonu olan hastalarda sekonder etyolojik nedenler dışlandıktan sonra primer hiperparatiroidizmden (PHPT) şüphelenilir. Batı popülasyonlarında PHPT'nin en yaygın klinik görünümü asemptomatik PHPT'dir. Atipik klinikler arasında normokalsemik PHPT ve paratiroid krizi yer alır.

### Asemptomatik Primer Hiperparatiroidizm

Hastalar genellikle asemptomatiktir. Asemptomatik hastaların çoğunda ortalama serum kalsiyum konsantrasyonu, normal aralığın <1.0 mg / dL (0.25 mmol / L) üzerindedir (2). Çoğu hastada serum kalsiyum ve PTH seviyeleri sabit kalır, ancak küçük bir alt grubunda (<%5) zamanla artabilir . Tedavi edilmeyen asemptomatik has-

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**KAYNAKLAR**

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