

## Preface

Dear *Gland Surgery* readers,

I am pleased to introduce you to this focused issue of *Gland Surgery* on post-thyroidectomy parathyroid failure. During the last 15 years the number of published papers dealing with post-thyroidectomy hypoparathyroidism has trebled, most probably because total thyroidectomy has become a preferred surgical technique for the management of both bilateral benign disease and thyroid malignancies. This rising interest is also consistent with the fact that postoperative hypocalcemia is currently the most common adverse effect of thyroidectomy. It is time to have a reference monograph on this subject in order to better understand its causes and improve our surgical technique and our patients' outcomes.

I have invited to collaborate in this issue several teams committed to the study of postoperative hypocalcemia and I am sure that you will enjoy and learn much by reading their contributions.

The Sheffield group has written an update on the epidemiology and risk factors for postoperative hypoparathyroidism. While single institutions refer very low figures, multicenter studies and audits (free from bias and conflicts of interest) reveal that the current prevalence of permanent hypoparathyroidism may be well above of the commonly reported 0–2%. The contribution of Mr. Chadwick on the British (BAETS) thyroid surgery register goes also along these lines and shows the high prevalence of hypoparathyroidism when real life data are systematically recorded.

Early diagnosis of postoperative parathyroid failure is important both to allow for an early hospital discharge and to prevent symptoms of hypocalcemia by prescribing replacement therapy selectively. Dr. Wang's unit has contributed with an update on the early dosage of iPTH.

Some technical issues are being also covered. Mr. M. Sywak reviews the current status of parathyroid autotransplantation, an increasingly controversial intraoperative gesture. Brian Lang sheds light on the intricacies of parathyroid gland identification during thyroidectomy suggesting that "finding them" seems preferable to "look for them". F. Triponez's team writes on new methods to assess parathyroid gland vascularization.

Prevention of hypoparathyroidism by using less than total thyroidectomy for the treatment of multinodular goiter is an increasingly interesting topic (is the pendulum swinging again?): a word of caution from O. Makay.

Finally, our group describes a series of permanent hypoparathyroidism patients under our care, showing the relevance of at least two visits a year to minimize complications, a strategy consistent with satisfactory quality of life indices. We also report a multicentre European study on the likelihood of recovery from protracted hypoparathyroidism based on a nomogram built on delayed measurements of serum calcium and PTH. A final narrative review on the relevance of keeping the parathyroid glands remaining in situ (PGRIS) and to rest the injured parathyroid glands (parathyroid splinting) will provide the reader with further insight on the pathophysiology and best medical approach for postoperative parathyroid failure.

I thank all the contributors for sending their excellent papers on time and wish also express my gratitude to *Gland Surgery* staff and particularly to Mrs. Crystal M. Yan, Science Editor of *Gland Surgery*, who has coordinated so efficiently the handling and revision process of the original manuscripts.

## Acknowledgements

None.



Antonio Sitges-Serra

**Antonio Sitges-Serra, MD, FRCS**

*Department of Surgery, Hospital del Mar, Barcelona, Spain.*

*(Email: [asitges@hospitaldelmar.cat](mailto:asitges@hospitaldelmar.cat))*

doi: 10.21037/gs.2017.11.13

*Conflicts of Interest:* The author has no conflicts of interest to declare.

**View this article at:** <http://dx.doi.org/10.21037/gs.2017.11.13>

**Cite this article as:** Sitges-Serra A. Preface. *Gland Surg* 2017;6(Suppl 1):S1-S2. doi: 10.21037/gs.2017.11.13