


## Percutaneous ethanol injection therapy in post-transplant patients with secondary hyperparathyroidism

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### RESUMEN

Persistent hyperparathyroidism is frequent in postrenal transplant patients. Percutaneous ethanol injection therapy (PEIT) is an alternative for treatment of patients with secondary hyperparathyroidism but it was not described in postrenal transplant patients. We report our experience with PEIT to control hyperparathyroidism in the post-transplant period. We performed PEIT under ultrasonographic guidance and local anesthesia in eight patients because of persistent secondary hyperparathyroidism after renal transplantation. Indications for PEIT were: high intact parathyroid hormone (iPTH) levels with hypercalcemia, hypophosphatemia, osteopenia and/or bone pain. All patients had at least one visible parathyroid nodule by ultrasonography. Biochemical assays were performed immediately before PEIT, between 1 and 7 days after last PEIT, and a mean of  $8.0 \pm 2.8$  months after PEIT. Serum iPTH and calcium levels decreased significantly after treatment and remained unchanged until final control. Serum iPTH decreased from  $286.9 \pm 107.2$  to  $154.6 \pm 42.2$  pg/ml ( $P < 0.01$ ) after PEIT (percentual reduction  $36.5 \pm 9.5\%$ ). This response was significantly correlated to total ethanol volume used ( $r: 0.94$ ,  $P < 0.0001$ ). Hypercalcemia disappeared in six of eight patients treated. Only minor complications were registered. There were no changes in renal function related to the treatment. Our findings show that PEIT is a useful and safe alternative for patients with persistent post-transplant secondary hyperparathyroidism.

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