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: Familial h pe pa a.h oidi m, Pa a.h oid cance .

Pa a.h oid ca cinoma (PCA), a e a e endoc ine neopla m , . de- c ibed b de Q e ain in 1904, occ ei.he po adicall o a a pa . of a gene.ic nd ome [1]. I. acco n. fo le .han 1% ca e of po adic p ima h pe pa a.h oidi m in .he / o ld / i.h a highe incidence of 5 % in Japan and I.al . I. a ec. men and / omen eq all f eq enc d ing .he fo .h o , h decade of life [2]. Pa a.h oid ca cinoma a e gene all ho monall ac.i e, p e en.ed b e high e m le el of in.ak. PTH (iPTH) and e m calci m le el b . 10% of .hem a e non-f nc.ional [3,4]. Pa.ien. / i.h pa a.h oid ca cinoma all p e en. / i.h a e e e fo m of h pe pa a.h oidi m d ing .he diagno i incl ding bone di - ea e, enal fail e, ne ologic manife .a.ion and ga . oin.e .inal com- plain. , compa ed .o .he ela.i el a mp.oma.ic p e en.a.ion of benign pa a.h oid di ea e [5,6]. PHPT i ob e ed in 80-90% of pa.ien. / i.h .he HPT-JT nd ome, pa a.h oid cance i een in 10-15%, and o if -

oli.a benign adenoma in 80 85%, h pe pla ia in 10 15%, and pa a-.h oid ca cinoma in le .han 1%. In, p .o 10% of ca e PHPT i pa . of a familial nd ome like m, l.iple endoc ine neopla ia (MEN) . pe 1 o 2, h pe pa a.h oidi m-ja/ , mo nd ome (HPT-JT), familial i ola.-ed h pe pa a.h oidi m (FIHP) o familial benign h pocalci, ic h pe - calcemia [9]. O, pa.ien./ a in e .iga.ed fo MEN (pi, i.a , panc ea , . omal , mo) b, . no pa.holog / a de.ec.ed. A ca e of hi bo / ho e bila.e al b o/ n , mo in .he ja/ pon.aneo, l and .o.all imp o ed a e , b.o.al pa a.h oidec.om and endoc inological .he ap / ho / a clo el follo/ ed, p fo 4 ea e en .ho, gh .he le ion / e e a ocia.ed / i.h impac.ed .hi d mola [10]. Clinical , nding of pa a.h oid malig-nanc inc, de neck , mo , high e, m pa a.ho mon a, e and a oci-a.ed h pe calcemia, and common , b o, o .ei.i [11, 12]. In addi.ion, a epo . al o .a.e .ha. , nding , ch a dep.h/ id.h a.io (D/W) 1 in .he, l. a o, nd image and a , mo g o/ ing in.o .he .h oid gland co, ld be, ef, l e idence indica.ing malignanc [13]. F om a gene.ic fo, of ie/ , .he pa a.h oid ca cinoma can con i . of a a oli.a , nding in .he i ola.ed familial h pe pa a.h oidi m o a a pa . of m, l.iple endoc ine neopla ia . pe I (MEN-1) [14]. O.he gene.ic change ha e been al o fo, nd: .he m, .a.ion of men1 gene (k 11q13), lo of he.e o go i. (LOH) in loc, fo e.inobla .oma and o e e p e ion of c clin D1 [15].

11. Le in KE, Galan.e M, Cla k OH (1987) Pa a.h oid ca cinoma e - pa a.h oid adenoma in pa.ien. i.h p ofo nd h pe calcemia. S ge 101(6):649 660.

12. Iiha a M, S ki R, Ka ama.a A (2012) On e. mechani m of pa a-.h oid ca cinoma and i. diagno i and . ea.men.. J Jpn A oc Endoc S g Japane e Soc oid S g 29:201 205.

13. Ha a H, Iga a hi A, Yano Y, Ya hi o T, Ueno, e. al. (2001) Ul. a ono-g aphic fea e of pa a.h oid ca cinoma. Endoc ine J 48:213 217.

14. Ka ah n WT, Jona S (2011) Foc on pa a.h oid ca cinoma. In. J S g 9(1):13 19.

15. Sha e.. JM, Simond WF (2010) Clinical and molec la gene.ic of pa a.h oid neopla ma. Be . P ac. Re Clin Endoc inol Me.ab 24(3):491 502.

16. Ch i .ma TJ, Chapple CR, Noble JG, Mil o EJ, Co ie AG (1998) H pe pa a.h oidi m a e neck i adia.ion. B J S g 75(9):873 874.

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