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Response to Letter to the Editor: "Normocalcemic Hyperparathyroidism: Study of its Prevalence and Natural History"

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Dear Editor, We thank Drs. Zaidan and Wang for their interest in our study. There may be some confusion over the threshold for vitamin D deficiency. We used the threshold of 50 nmol/L or 20 ng/mL as recommended in the UK (1), the Institute of Medicine in the United States (2), and by the Fourth International Workshop on Asymptomatic Primary Hyperparathyroidism (3). In our group, we found that 3 of 11 patients identified with normocalcemic hyperparathyroidism (NPHPT) had 25(OH)D levels above 75 nmol/L on the index date for our study.

Drs. Zaidan and Wang mentioned that there were 2 patients with consistently high parathyroid hormone (PTH), but actually there were 7 such patients. In the remaining 4 patients (S0757, S0911, S3021, S3812), 3 were receiving vitamin D supplements and 2 of them had 25(OH)D >75 nmol/L at the time of diagnosis.

We are aware of the recent study evaluating free 25(OH)D in patients with NPHPT (4). These are interesting data and merit further study. However, free 25(OH)D is not part of the routine clinical practice at the moment, in part because we do not have an established threshold value.

Among the 4 patients found in our study to have consistent normocalcemia throughout their follow-up, none was on calcium supplements at the time of the diagnosis. Two reported relatively low calcium intake in their diet (less than 500 mg per day). From the remaining patients with intermittent hypercalcemia, only 1 was receiving calcium supplements on the index date for our study.

We do believe that these patients have a mild form of primary hyperparathyroidism. Our understanding is that in the case of parathyroid apoplexy, persistently high PTH returns to normal (5), which is not a pattern seen in our patients.

Additional Information

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References

- Aspray TJ, Bowring C, Fraser W, et al.; National Osteoporosis Society. National Osteoporosis Society vitamin D guideline summary. *Age Ageing*. 2014;43(5):592-595.
- Ross AC, Manson JE, Abrams SA, et al. The 2011 report on dietary reference intakes for calcium and vitamin D from the Institute of Medicine: what clinicians need to know. *J Clin Endocrinol Metab*. 2011;96(1):53-58.
- Eastell R, Brandi ML, Costa AG, D'Amour P, Shoback DM, Thakker RV. Diagnosis of asymptomatic primary hyperparathyroidism: proceedings of the Fourth International Workshop. *J Clin Endocrinol Metab*. 2014;99(10):3570-3579.
- Wang X, Meng L, Su C, Shapses SA. LOW FREE (BUT NOT TOTAL) 25-HYDROXYVITAMIN D LEVELS IN SUBJECTS WITH NORMOCALCEMIC HYPERPARATHYROIDISM *Endocr Pract*. 2020;26(2):174-178.
- Efremidou EI, Papageorgiou MS, Pavlidou E, Manolas KJ, Liratzopoulos N. Parathyroid apoplexy, the explanation of spontaneous remission of primary hyperparathyroidism: a case report. *Cases J*. 2009;2:6399.

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