Dear Editor

We studied with great interest the paper by Thongprayoon and colleague entitled “Persistent hyperparathyroidism after kidney transplantation; updates on the risk factors and its complications” (1), in the valued Journal of Parathyroid Disease. It explains effects of persistent hyperparathyroidism (HPT) on kidney transplantation (e.g. bone diseases/fracture and allograft dysfunction). However, we are going to add some other points related to this topic.

The persistency of HPT after transplant has been described differently by diverse groups and there is not consensus about it. It is characterized as PTH ≥ 100 pg/mL by Gomes et al (2). Others mentioned that PTH > 90 pg/mL is the cut off (3). However, there is another definition, as well as PTH >65 pg/ml (4).

It has been demonstrated that 72 months of dialysis period and calcium phosphate products of 55 mg²/dl² (5) are among risk factors of persistent HPT. Furthermore, existence of nodular hyperplasia in parathyroid glands along with low weight has been showed to engage in persistent HPT (6). Regarding to pathophysiology of bone involvement in persistent HPT, it has been pointed out that sclerostin, an osteocyte-secreted requisite for osteoblast development, decreases by high PTH levels and augments after parathyroidectomy (7). Besides, identifying bone health parameters (density, microarchitecture, and mechanical properties) helps to recognize patients at high risk of post-transplantation fractures (8). There are also rare cases of calciphylaxis after kidney transplantation accompanied by persistent HPT (9).

**Management**

Paricalcitol prescription has not negative effects on kidney function (10). It decreases intact PTH and increases bone mineral density in recently transplanted kidney recipients (11). However, it is not accompanied by advantages on osteopenia (12).

Cinacalcet has been recommended to manage post-transplantation persisted HPT (13-17). Pre-transplant prescription has been recommended by others, demonstrating that pre-transplant administration of cinacalcet was considerably allied with reduced post-transplant hyperparathyroidism (18).

Parathyroidectomy has been suggested by others as a harmless process (19) and in long-term there was no significant difference between them and cinacalcet using group (20).

There is also an interesting report of rigorous bone loss with persistent HPT in a kidney recipient efficiently managed by Denosumab and vitamin D combination (21).

**Authors’ contribution**

FD prepared the primary draft. FK prepared the final paper.

**Conflicts of interest**

The authors declare that they have no conflict of interests.

**Ethical considerations**

Ethical issues (including plagiarism, data fabrication, double publication) have been completely observed by the authors.

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**References**


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Hyperparathyroidism after renal transplantation


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