\*

```
22
                                         9
                                                                                 31
                                                                          10 MHz
7.5MHz
                    (linear probe)
                                                                              99mTc-
sestamibi
            (15)
                                                                        22
                                                                               23
                                    5,
                                                                3
                                                                                  1
                                                                             echogeni-
city
                      가 10
                                       가 4
                                                                              가
2
                      3
                                                                                  3 ,
                                         (posterior acoustic enhancement)
           (lateral shadowing)
                                                           가
                                                                              82.6%
23
   99mTc-sestamibi
                                                                                가
                                                                                 가
                                        9
                                                   6
                                                          가
      (67%) 36
                             15
                                                                       (41.7%) 99mTc-
sestamibi
                    24
                            6
                                                   가
                                                               (25%).
       99mTc-sestamibi
                                                                              가
```

: Parathyroid, hyperparathyroidism Parathyroid, US Parathyroid, radionuclide studies

: 1999 5 27 , : 1999 7 7 , : 1999 9 6 : , (120-752) 134, , Tel. 82-2-361-5831, Fax. 82-2-393-3035

```
18
                                                                          1999
                                                                가
                                              가
       가
                                       가,
                                                                               99mTc-sestamibi scan
         가
                                    (chief cell)
  (clear cell)
                                                                1995
                                                                           1998
                                     가
                                           [1, 2].
                                                                                    22
                                                                  9
                                                                            31
                                                                 25
                                                                          74
                                                                                                        54
                [1].
                                                                        20
                                                                                                   29
                                                                                                            57
         가 가
                                                              42.7
                                                                                 2
                                                                                          7
                                                                                                               Gateway
       가
                                                              (Diasonics, Milpitas, CA, USA)
                                                                                                 SS2000 (Aloka, Tokyo,
가
                                                              Japan)
                                                                                         10MHz
                                                                                                   7.5MHz
                                                 (localiza-
                                                              (linear probe)
tion)가
                                     [3].
                                                 (bilateral
neck exploration)
                                                가
                                                     가
                                                                            (%)
                                                                                                               )
      가
               [4].
                                                                                  (posterior acoustic enhancement),
    <sup>201</sup>TI/<sup>99m</sup>Tc
                                            99mTc-sestamibi
                                                                   (lateral shadowing)
                   (dual phase)
                                            가
  [5].
                                                       가
                                                                                               가
                                                                               가
                                                                                                         가
                                                                                                      unpaired t-test
                                                                             Mann -Whitney test
                                      가
                                                  가
                                                                                         Tc-99m-sestamibi
                                                                        가
                  가
                                                    가
                                                                                      9 ,
                        가
                               [6].
            [7-9]
                                                                                        . 2
                                                                                                      가
                                                                                                                 1
                                                                                                             22
                                                                                                                   23
                                                                                                     5 ,
                                                                                   9
                            가
```

가

가

1cm

3

가

가

4 , 1-2cm 12 , 2cm

1.84cm

(Fig.1).

4 , 3cm

5.3cm

:

(82.6 %) . 22 23 19 3 1cm (75%), 1-2cm 12 (75%)2cm 7 가 (Table 1). 가 0.72cm 5 14 가 3 (Fig. 2) 7 2 10 (Fig. 2) 2 (posterior acoustic enhancement) (Fig. 3). 3 8 (lateral shadowing) 23 18

**Table 1.** Comparison of Size and Detection Rate in Primary and Secondary HPT

	Primary HPT		Secondary HPT	
Size	D/T , DR (%)		D/T , DR (%)	
< 1cm	3/4	75	2/15	13.3
1-2cm	9/12	75	7/15	46.7
2-3cm	4/4	100	2/2	100
>3cm	3/3	100	4 /4	100
Total	19/23	82.6	15/36	41.7

HPT: hyperparathyroidism D: detected number, T: total number,

DR: detection rate

5 1

가 16 , 6 1 . Table 2 . 53.6

1.88cm ,

**Table 2.** Ultrasonographic Findings of Primary and Secondary HPT

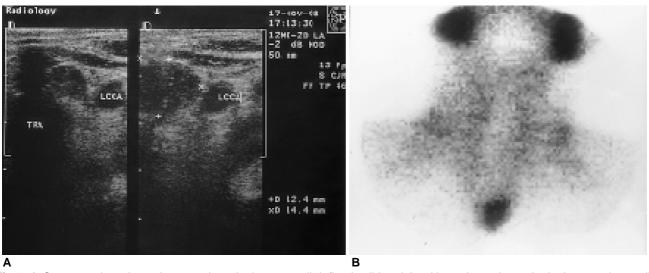
	Primary HPT (n = 19)		Secondary HPT (n = 15)	
Margin	Good	14	Good	13
	Poor	5	Poor	2
Capsule	Definite	3	Definite	0
	Partial	7	Partial	1
	No	9	No	14
Echogenicity	Mild L	2	Mild L	0
	$\operatorname{Mod} olimits L$	10	Mod L	13
	Very L	2	Very L	2
	Iso	4	Iso	0
	Hetero	1	Hetero	0
PE	Definite	3	Definite	0
	Mild	8	Mild	3
LS	Definite	2	Definite	0
Inhomogenity		5		0

HPT: Hyperparathyroidism, L: low echoic, Mod: moderate,

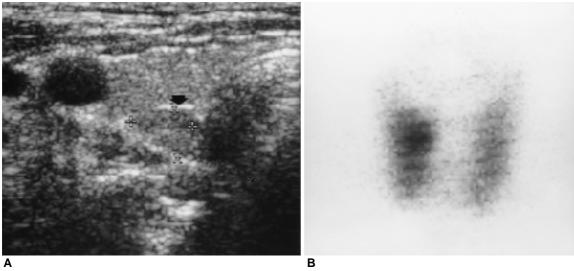
Iso: isoechoic,

Hetero: heterogeneous echo, PE: posterior enhancement,

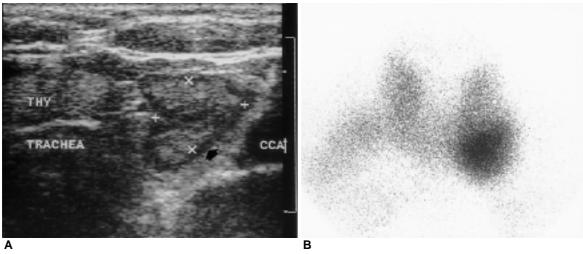
LS: lateral shadowing



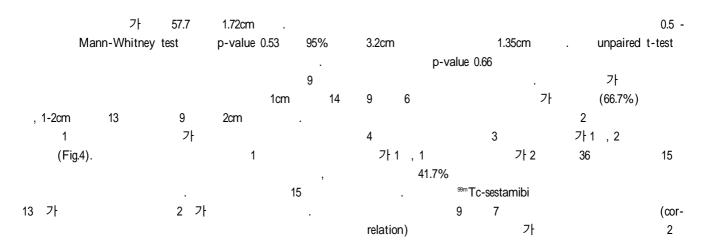
**Fig.1. A.** Sonogram just above the sternal notch shows a well defined solid nodule with moderate low echo in the superior mediastinum. **B.** Tc-99m-sestamibi scan also shows a focal hot uptake in corresponding area .



**Fig. 2. A.** Axial sonogram reveals a well defined solid nodule with moderate low echo posterior to the thyroid gland and this lesion have echogenic rim (arrow). **B.** Tc-99m-sestamibi scan shows focal hot uptake in the right upper medial portion of the thyroid gland.

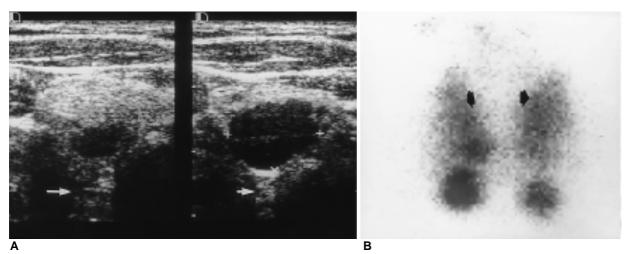


**Fig. 3. A.** Axial sonogram shows a lobulated solid mass with heterogeneous internal echo but most portion of this lesion is isoechoic comparing to thyroid echo. It has low echoic rim like halo (arrow). **B.** Tc-99m-sestamibi scan shows large hot uptake in the left lower portion of the thyroid gland.



:

가가 가 6 3 가 2 가 0.7cm-5.3cm 가 가 1.82cm 1-2cm (pharyngeal pouch) 0.5cm 1cm 가 90% 가 35 - 40mg, 4 - 6mm, 가 0.5 - 2mm - 4mm, [1]. (hypercalcemia) 30% 1:800 가 [1]. 가 [1] 27 [1] 가 50 ) 25 75 52.6% (incision) 19 10 가 가2 10.5%, 2 , (localizatioon) 4 (21.1%) [10]. 가 가 가 가



**Fig. 4. A.** On axial sonogram, two well defined nodules with marked echolucency are noted below the thyroid gland. These lesions have posterior enhancement (arrow). **B.** Tc-99m-sestamibi scan also shows two hot uptakes in the corresponding areas. Other two lesions (arrow) of the upper pole are detected by neither sonography, nor scintigraphy.

가가 (forearm) 가 (posterior acoustic enhancement) 가 3 (15.8%), (53.3%), 8 (53.3%) 가 99mTc-sestamibi 6 (specimen) routine 가 가 5 가 1 99mTc-sestamibi debris 가 36%-76% 가 [11-13] 23 19 82.6% 1cm 가 83% 100% 가 Gofrit [14] 1cm 1-2cm 75% Doppler 가 , 가 2cm 가 가 4 2cm 1 99mTc-sestamibi 가 99m Tc-sestamibi 9 7 2 가 가 가 1. Cotran RS, Kumar V, Robbins SL, Pathologic basis of disease. 4th (chief cell) ed. Philadelphia, W.B. Saunders, 1989,1242-1248 가 [1]

- 가 1.35cm 1.84cm p = 0.066unpaired t-test 가 가 9 6 가 6 4 2
- 2. Steinbach HL, Gordan GS, Eisenberg E, et al. Primary hyperparathyroidism: a correlation of roentgen, clinical, and pathologic features. AJR 1961;86:329-343
- 3. Van Heerden JA, Grant CS. Surgical treatment of primary hyperparathyroidism: an institutional experience. World J Surg 1991;15:688-692
- 4. Norman J, Chheda H, Farrell C. Minimally invasive parathyroidectomy for primary hyperparathyroidism: decreasing operative time and potential complication while improving cosmetic result. Am Surg 1998;64:391-394
- 5. Taillefer R, Boucher Y, Potvin C, Lambert R. Detection and localization of parathyroid adenomas in patients with hyperparathyroidism using a single radionuclide imaging procedure with technetium-99m-sestamibi(double-phase study). J Nucl Med 1992;33:1801-1807

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- 6. Torregrosa JV, Palomar MR, Pons F, et al. Has double-phase MIBI scintigraphy usefulness in diagnosis of hyperparathyroidism? Nephrol Dial Transplant 1998;13:37-49
- 8. , , . .

1985;21:57-65

9. , , ,

가. 1994;31:1011-1016

- 10. Arkles LB, Jones T, Hicks RJ, De Luise MA, Chou ST. Impact of complementary parathyroid scintigraphy and ultrasonography on the surgical management of hyperparathyroidism. Surgery 1996;120:845-851
- 11. Mitchell BK, Merrell RC, Kinder BK. Localization studies in patients with hyperparathyroidism. Surg Clin North Am 1995;75:

- 483-498
- 12. Bonjer HJ, Bruining HA, Valkema R, et al. Single radionuclide scintigraphy with Tc-99m-sestamibi and ultrasonography in hyperparathyroidism. Eur J Surg 1997;163:27-32
- 13. Casas AT, Burke GJ, Sathyanarayana, Mansberger AR, Wei JP. Prospective comparision of Tc-99m- sestamibi/iodine-123 radionuclide scan versus high resolution ultrasonography for the preoperative localization of abnormal parathyroid glands in patient with previously unoperated primary hyper- parathyroidism. Am J Surg 1993;166:369-373
- 14. Gofrit ON, Lebensart PD, Pikarsky A, Lackstein D, Gross DJ, Shiloni E. High resolution ultrasonography: highly sensitive, specific technique for preoperative localization of parathyroid adenoma in the absence of multinodular thyroid disease. Word J Surg 1997;21:287-291

J Korean Soc Med Ultrasound 1999; 18: 207-213

= Abstract =

## Usefulness of Ultrasonographic Evaluation in Primary and Secondary Hyperparathyroidism

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PURPOSE: To evaluate the accuracy and ultrasonographic findings of primary and secondary hyperparathyroidism (HPT) and correlate them with pathologic results.

MATERIALS and METHODS: We reviewed 31 cases of surgically confirmed primary (n=22) and secondary (n=9) hyperparathyroidism. We used 10 or 7.5 MHz linear transducer and reviewed the location, contour, size and echogenicity of lesions. Then we evaluated the detection rate of parathyroid lesions based on surgical result and compared the result of 99mTc-sestamibi scan (15 cases).

RESULTS: Location of primary HPT was left lower in 9, left upper in 5, right lower in 4, right upper in 3, left mid portion in 1 and superior mediastinum in 1. Lesions showed variable echogenicity -- mild low echo (2), moderate low echo (10), severe low echo (2), isoecho (4) and heterogeneous echo pattern (1). All the lesions except 5 were well defined and 3 lesions had echogenic rim. Posterior enhancement and lateral shadowing were noted in 3 and 4 lesions, respectively. Nineteen of 23 primary lesions were detected by ultrasonography (82.6%) and well correlated with sestamibi scan. In cases of secondary HPT, most were well defined low echoic nodular lesions, and we could detect 6 of 9 patients (67%) and 15 of 36 lesions (41.7%). Only 6 of 24 secondary lesions were detected by sestamibi scan (25%).

CONCLUSION: The detection rate of ultrasonography in primary HPT was fairly good and well correlated with the result of the 99mTc-sestamibi scan, but both diagnostic modalities were not promising in secondary HPT.

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