

Check Parathyroid Hormone Levels in Paget's

BY MIRIAM E. TUCKER
Senior Writer

FT. LAUDERDALE, FLA. — Biochemical screening of patients with Paget's disease of bone should always include measurement of parathyroid hormone levels, Dr. Maria Luisa Brandi advised at a meeting sponsored by the Paget's Foundation for Paget's Disease of Bone and Related Disorders.

The coexistence of Paget's disease and hyperparathyroidism, first described in 1948, is still not well understood. In studies, approximately 12%-18% of Paget's disease patients have elevated levels of parathyroid hormone (PTH), most of which represent secondary hyperparathyroidism. Yet measurement of PTH is still not routine, and "hyperparathyroidism in Paget's disease of bone is often overlooked," said Dr. Brandi, professor of endocrinology and metabolism at the University of Florence, Italy.

Both Paget's disease and hyperparathyroidism are capable of causing bone pain, and bone biomarkers are elevated in both disorders. Increased marrow fibrosis and vascularity are common histologic features

of both. But the two disorders differ in several histologic features, she said at the conference, also sponsored by the National Institutes of Health and Columbia University, New York.

Increasing lines of evidence suggest that the cooccurrence of primary hyperparathyroidism with Paget's disease is due to the chance association of two diseases that are common in the elderly. Autopsy studies in Paget's disease patients failed to uncover consistent parathyroid gland ab-

normalities. Furthermore, the prevalence and gender distribution of primary hyperparathyroidism in Paget's disease resembles that of the elderly population as a whole.

Most genetic studies have failed to find overlapping genes in the two disorders, but recent data suggest there might be some interactions among gene products, she noted.

Regardless of etiology, an excess of PTH is likely to have an exaggerated im-

act at skeletal sites affected by Paget's disease. Therefore, biochemical screening of patients with Paget's disease should include evaluation of serum calcium, phosphate, and PTH. Parathyroidectomy is indicated in patients found to have both disorders. Conversely, patients who have primary hyperparathyroidism and high bone turnover after parathyroidectomy should undergo diagnostic screening for Paget's disease, Dr. Brandi recommended. ■

Vitamin D Levels Poor in Paget's Disease Patients

FT. LAUDERDALE, FLA. — Screening for vitamin D deficiency should be part of the initial evaluation of patients with Paget's disease, Dr. Jennifer J. Kelly and Dr. Arnold M. Moses said in a poster presentation at a meeting sponsored by the Paget Foundation for Paget's Disease of Bone and Related Disorders.

Blood collected from 37 patients (mean age 72) at their initial visit to a metabolic bone clinic revealed that just three (8%) had levels of 25(OH)D considered to be optimal (greater than 32 ng/mL), while 21 (58%) were vitamin D deficient (below 20 ng/mL), said the investigators, of the State University of New York Upstate Medical University, Syracuse.

The median 25(OH)D level among the 24 men in the group was 20 ng/mL, compared with just 13 ng/mL among the 13 women. Women were more likely than men (5 vs. 2) to be grossly deficient (0-9 ng/mL), while men were in the majority in the intermediate range between 10 and 32 ng/mL (20 men vs. 7 women). Levels greater than 32 ng/mL were seen in only two men and one woman.

Season also influenced 25(OH)D levels, which were on average 9 ng/mL higher during the "light" months (May-September) than during the "dark" period of November-March. Of the 13 patients whose blood had been collected during the light months, 7 (54%) had 25(OH)D levels of 20 ng/mL or above, compared with just 3 (20%) of the 15 sampled during the dark months. Women had lower median vitamin D levels than men in both the light and dark months.

—Miriam E. Tucker

ADVERTISEMENT

