Introduction and Aim of the Work

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The main function of the parathyroid glands is to maintain calcium and phosphorus homeostasis. For the homeostatic mechanism to function well, a permissive level of vitamin D is necessary (Petti, 1990).

The disorders of parathyroid functions are either increased function "hyperparathyroidism" most of which need surgical intervention or decreased function "hypoparathyroidism" which may need implantation (Well's, 1991).

Ectopic hyperparathyroidism in which non parathyroid neoplasm may produce parathyroid hormone or parathyroid hormone like peptides causing hypercalcemia is an added entity which needs proper diagnosis and surgical intervention (Benson et al., 1974).

A knowledge of the normal anatomy and appearance of the parathyroid glands is of paramount importance to the operating surgeon (Friedman et al., 1986).

For successful surgical exploration the normal and abnormal locations of the parathyroid glands should be understood. Numerous techniques have been utilized to localize hyperfunctioning parathyroid tissue preoperatively, noninvasive tests as radionuclide scan (thallium-201, technetium-99m, pertechnetate). Ultrasound, computed tomography and magnetic resonance imaging. The invasive tests are arteriography and venography with selective venous catheterization parathyroid hormone (Petti, 1990).

Surgery on parathyroid glands may be complicated by hypocalcemia which may be temporary or permanent (tetany) in 20%-30%, vocal cord

paralysis in 1% or less and persistent or recurrent hypercalcemia due to missed parathyroid adenoma which adds to the morbidity (Petti, 1990).

AIM OF THE WORK

The work present an update complete review on the subject of parathyroid surgery from previous papers and recent subjects. about surgical management of Hyperparathyroidism including important anatomical facts, variations and new methods of investigations and the best procedures should bo done in an attempt to get it into awareness of surgeons, in a trial to minimize morbidity.