

have been routinely recommended adjuvant therapy based on contralateral pathological findings.

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Poster 18. An unusual case series of simultaneous presentation of primary hyperparathyroidism and sarcoidosis

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Introduction: Primary hyperparathyroidism (PHPT) and sarcoidosis are both causes of hypercalcaemia, via different mechanisms. We report an unusual case series of five patients where the hypercalcaemia was caused simultaneously by both PHPT and sarcoidosis.

Methods: Five adult patients aged between 36 to 80 years old managed for hypercalcaemia in a single unit over a 7-year period, all diagnosed with a simultaneous presentation of sarcoidosis and PHPT. PHPT was diagnosed on the basis of blood and urine biochemistry. Sarcoidosis was suspected radiologically in all patients, of which two patients had a confirmed histological diagnosis. Demographics, clinical features, biochemistry and outcomes were recorded for all patients.

Results: Of the five patients (3 female and 2 male), two were symptomatic. On presentation, one patient had severe hypercalcaemia (>3.40 mmol/L), one had moderate hypercalcaemia (3.01 to 3.40 mmol/L) and three had mild hypercalcaemia (2.65 to 3.00 mmol/L). PTH levels were only minimally elevated, between 8.3 to 16.6 pmol/L (normal range 1.6 to 6.9 pmol/L). The initial diagnosis was PHPT in all patients. Both patients with severe and moderate hypercalcaemia did not respond to intravenous pamidronate and fluids, however responded partly to oral corticosteroid treatment. Three patients underwent successful parathyroid surgery for PHPT and did not require long-term oral corticosteroids. Two patients have not yet had surgery; one is now normocalcaemic on corticosteroids while the other has mild hypercalcaemia.

Conclusion: Our case series demonstrates the unusual simultaneous presentation of PHPT and sarcoidosis. In practice, surgeons should consider co-existing non-PTH mediated hypercalcaemia if the PTH is only minimally elevated in the presence of severe hypercalcaemia.

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Poster 19. The 100 most influential manuscripts in parathyroidectomy surgery: A bibliometric analysis

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Background & aim: This bibliometric analysis identifies the 100 most cited articles on parathyroidectomy surgery. It outlines the key topics, research areas and surgical techniques – that have shaped the current practice of parathyroidectomy surgery.

Materials & methods: The Thompson Reuters Web of Science database with the search term 'parathyroidectomy surgery' was used to identify the articles. Only full length English articles published between 1980 to 2017 were included. Surgical articles were sorted by the number of most citations. The 100 most cited publications were identified and analyzed by topic, journal, author, year, country and institution. The journals' 5-year impact factor were recorded.

Results: 736 eligible articles were returned. The top 100 most cited papers addressed five key topics: surgical techniques (n=43), hormonal

biomarkers (n=30), post-operation outcomes (n=19), radiological tools (n=17) and recurrence reoperation (n=7). The most cited paper was 'Unilateral versus bilateral neck exploration for primary hyperparathyroidism – a prospective randomized controlled study' (n=201 citations) by Bergenfelz et al. The country with the greatest number of publications (n=33) and citations (n=1,725) was the United States of America. The institution with the greatest number of publications (n=6) and citations (n=423) was the University of Sydney, Australia. The journal with the greatest number of citations (n=1,027) was the *Annals of Surgery*. The author with the greatest number of publications (n=7) and citations (n=487) was Bergenfelz, A from Lund University Hospital, Sweden.

Conclusion: The most cited manuscripts describe and compare the surgical techniques, hormonal biomarkers and radio-guidance tools that have resulted in the contemporary understanding and practice of parathyroidectomy surgery. This bibliometric analysis identifies the most influential references to parathyroidectomy surgery and serves as a guide as to what makes a citable paper.

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Poster 20. Day-case thyroid lobectomy surgery in a district general hospital

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Introduction: This Unit has previously published single surgeon data for day-case thyroid lobectomy rates (28%). The Unit now has two endocrine surgeons who undertake day-case thyroid surgery, if certain stringent selection criteria are met. An audit was performed to assess the validity of the proposed protocol for patient selection, developed to enhance patient safety and to provide day-case service improvement, supporting key NHS performance indicators.

Methods: Data was collected retrospectively for a 12 month period (1st June 2016 - 31st May 2017), correlating BAETS logbooks, and electronic patient records. All thyroidectomy data was collected, including patient: demographics; procedure; pathophysiology; length of stay (LOS); and complications.

Results: 70 patients underwent thyroid procedures (34:36 surgeon split); 83% were female with median age 53 years (range 24–87). Median LOS was 1 day (range 0–6), those with sternotomies had longest LOS. Of 31 thyroid lobectomies, 26% were day-case. Of 10 lobectomies on morning operating lists, 8 (80%) were day-cases. The overall complication rate (9/70, 12.9%) was similar to the BAETS 2017 national audit (14%), with no major complications in day-case patients. Thus, in total thyroidectomy patients, 5 had transient hypocalcaemia (7.1% versus 23.6%, BAETS 2017), and one each (1.4%) had: return to theatre for haemorrhage; vocal cord palsy; wound infection, and type 1 respiratory failure. Three minor subcutaneous haematomas in patients taking perioperative anticoagulants (lobectomy, completion, and total thyroidectomies, respectively) were treated conservatively.

Conclusion: Our median LOS (1 day) was half the national value (2 days) due to a higher proportion of day-case lobectomies (26% versus 5.5%, BAETS 2017). Morning operating improved the day-case rate (80%) and ensured adequate time for post-operative observation (minimum 6 hours). The use of a stringent protocol provided a framework to safely select patients for day-case thyroid surgery and achieve service improvement. With strict selection criteria, our results support the safety of day-case thyroid lobectomy surgery.

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