Hypoparathyroidism (HP) is a rare disease characterized by inadequate parathyroid hormone (PTH), resulting in hypocalcemia and hyperphosphatemia. Hypoparathyroidism can be transient, inherited, or acquired, and is caused by inability to synthesize or secrete PTH due to abnormal parathyroid gland development, destruction of parathyroid tissue, or peripheral resistance to PTH.

Methods
Medical records from 20 children and adolescents diagnosed with hypoparathyroidism during 1992-2015 were reviewed.

Results
• 20 cases; 15 female, 5 male
• Current age: 20.5± 8.5 (6.5-39.5) years
• Age of onset of symptoms: 8.5± 6 (0.1-16.9) years
• Age at diagnosis: 9±6 (0.1-16.9) years

Table 1: Causes for admission
- Convulsions and tetany: 16 (75)
- During follow up: 2 (13)
- Incidentally during follow up: 1 (6)
- During an evaluation of psoriasis: 1 (6)

Table 2: Post surgical complications

Table 3: Etiology of hypoparathyroidism

Table 3: Biochemical characteristics of hypoparathyroidism

Management

- Low-salt and low-phosphate diets
- Calcium 30-70 mm/kg/d
- Calcitriol 10-50 ng/kg/d

- Persistent (3 times) 24-h urine calcium >4 mg/kg/d - hydrochlorothiazide, 8 patients
- Nephrocalcinosis - SC teriparatide [PTH(1-34)] 0.7-2.2 mcg/kg/d, 3 patients
  (seized because of dosing problems and unstable serum calcium level)

Complications (%25 cases)
- Nephrolithiasis, (2 cases)
- Nephrocalcinosis (3 cases)

Conclusion;
Chronic treatment of hypoparathyroidism may be difficult to manage due to the need for a sensitive balance between calcium and phosphate levels in order to prevent nephrolithiasis, nephrocalcinosis, and soft tissue calcification in the kidney.