



Journal of Parathyroid Disease; where nephrology meets endocrinology

Around twenty-four years ago, for the first time in Iran, I presented a report on primary hyperparathyroidism (PHPTH) comprising of my experience on the diagnosis and treatment of this disease (1). My co-workers and I then extended our cases and found that the clinical presentation of this disease is different from West countries (1-3). While, there was a rapid growing of diagnosis of asymptomatic PHPTH in parts of the world, mostly western countries, our patients presented late with various complications of PHPTH. During this time, we were also became interested in secondary hyperparathyroidism (SHPTH) in chronic kidney disease patients and now we feel that there is a need to establish a specific journal on this subject. In fact, tremendous development is taking place in biomedical research on both the basic and clinical aspects of parathyroid diseases all over the world. A substantial part of this subject, undoubtedly, is SHPTH, a subject which falls in the subspecialty of nephrology known as chronic kidney disease-mineral and bone disorder (CKD-MBD) (3-8). Chronic renal failure is a critical situation associated with decreased quality of life, increased healthcare expenditures, and premature mortality (3-6). Numerous advancements have taken place in the field of CKD-MBD. Indeed, CKD-MBD occurs when the kidneys fail to keep the appropriate level of calcium and phosphorus in the blood, leading to abnormal bone hormone levels (4-9). CKD-MBD is a common problem in individuals with renal disease and affects approximately all patients on dialysis. Also, CKD-MBD is most serious in children since their bones are still growing. The situation slows bone growth and causes deformities. One such deformity happens when the legs bend inward toward each other or outward away from each other, referred to as “renal rickets.” An additional significant complication is short stature. Symptoms can be seen in growing children with kidney disease even before they start dialysis (3-9). On the other hand, the bone changes from CKD-MBD can begin many years before symptoms emerge in adults with renal disease. Consequently, the disease is recognized as a “silent cripplet.” If CKD-MBD in adults is left untreated, the bones gradually become thin and weak, and a person

with CKD-MBD may commence to feel bone and joint pain. CKD-MBD also increases the risk of bone fractures (8-17).

Another domain of this journal is in the field of endocrinology, too. Parathyroid disease, vitamin D, calcium and bone disorders, especially PHPTH are under the handling of endocrinologist. The incidence of PHPTH is approximately 1 per 1,000 people (0.1%) (18-22). In fact, the prevalence of PHPTH has been predicted to be 3 in 1,000 in the general population and as high as 21 in 1,000 in postmenopausal women (18-22). It is approximately three times as common in women as men. It is evident that nearly all patients with parathyroid disease have symptoms. Frequently the symptoms are really noticeable, like renal stones, frequent headaches, tiredness, and depression. Occasionally the symptoms are not so obvious, like high blood pressure and the incapability to concentrate. Indeed, parathyroid disease is interesting. Sometimes, it makes people ill within the first or second year of having high blood calcium. At other times, it can take place in 6-8 years without causing too many troubles other than fatigue, renal stones and osteoporosis (18-22). Given the wide spectrum of parathyroid disease, we are honored to offer the first peer-reviewed, international scientific journal dedicated to parathyroid disease. Various biomedical journals are published in English language every year. Their numbers have increased noticeably in recent years in the field of endocrine disease (20-22). More recently, many online and open access periodicals have also made an entry into the area of biomedical publishing. Accordingly, it is our responsibility to provide an opportunity for the researchers who work in the area of parathyroid disease, either nephrologists or endocrinologists to have their papers appraised and reviewed by the peers, and finally published with a desirable quality in the Journal of Parathyroid Disease



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■ Implication for health policy/practice/research/medical education

It is our responsibility to provide an opportunity for the researchers who work in the area of parathyroid disease, either nephrologists or endocrinologists, to have their papers appraised and reviewed by the peers, and finally published with a desirable quality in the *Journal of Parathyroid Disease (J Parathy Dis)*. This journal will be a good place to have your knowledge and experience in parathyroid disorders to be shared with all colleagues easily. The editorial team of the *J Parathy Dis* welcomes your collaboration and valuable comments.

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Author's contribution

HN was the single author of the paper.

Conflict of interests

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Ethical considerations

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