

Hypoparathyroidism: Entering the era of hormone replacement

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Abstract

Chronic hypoparathyroidism is a rare endocrine disorder characterized by deficient parathyroid hormone (PTH) secretion, leading to hypocalcemia and hyperphosphatemia. Conventional therapy with activated vitamin D, dietary calcium, calcium supplements, magnesium, and 25(OH)D remains the first-line treatment. This regimen is considered sufficient when it maintains serum calcium, phosphate, and magnesium levels, keeps urine calcium within target, and preserves quality of life. However, this approach sometimes fails to meet targets, resulting in hypercalciuria, low bone turnover, and a substantial supplement burden, creating long-term treatment challenges. In contrast, modern hormone-replacement therapy with PTH has shifted the treatment paradigm, addresses the underlying hormonal deficit, and overcomes the substantial long-term challenges. This presentation will discuss the efficacy, limitations, and complications of conventional therapy compared with modern, physiology-driven management of chronic hypoparathyroidism. It will also highlight when conventional therapy is sufficient and when patients require hormonal supplementation. [*J Assoc Clin Endocrinol Diabetol Bangladesh*, 2026;5(Suppl 1): S6]

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