

kosti, zvýšenie kostnej denzity, či tvorba nefrolitiázy/kalcinózy, alebo kalcifikácií bazálnych ganglií. Preukázané sú aj funkčné zmeny orgánov, kam patrí progresia renálneho zlyhávania, srdcové zlyhávanie, vznik arytmií, zmeny dráždivosti neurónov, epileptické záchvaty, či častejšie infekcie. Sľubné výsledky boli preukázané pri substitučnej terapii

rekombinantným parathormónom – sérové hladiny kalcémie boli stabilnejšie, klesala kalcúria aj fosfatémia či hladina kalcium-fosfátového súčinu, taktiež sa stabilizovala renálna funkcia u týchto pacientov a normalizovala sa štruktúra kostí (50, 51). Uvedená liečba však momentálne nie je dostupná.

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