



NTP Nonneoplastic Lesion Atlas

Parathyroid Gland – Hyperplasia, Focal

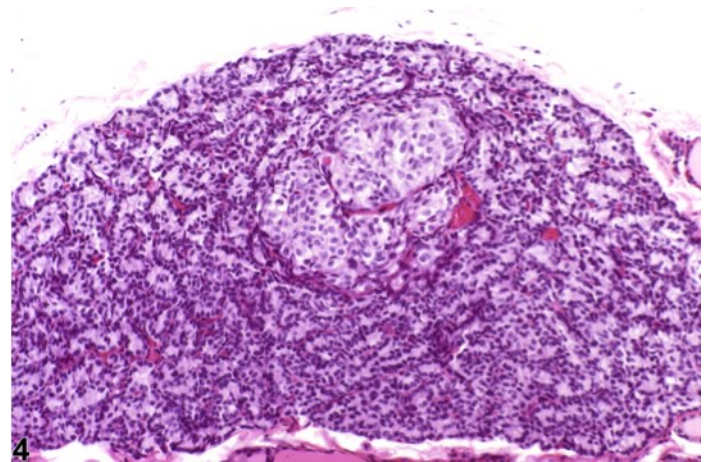
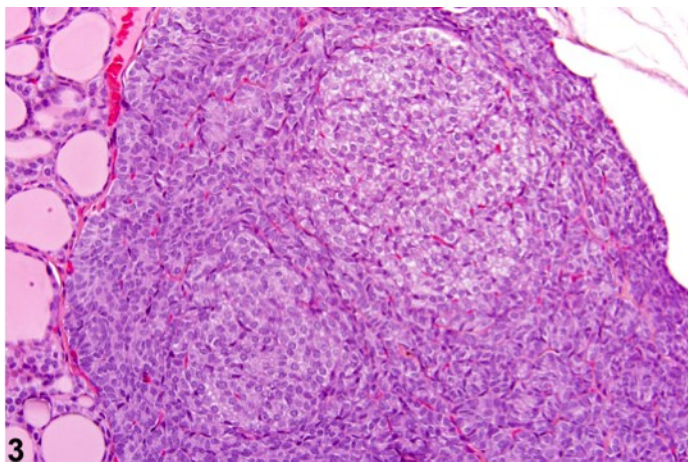
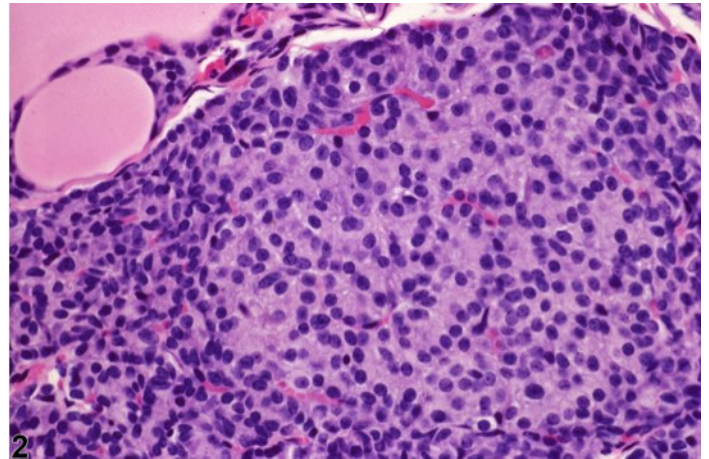
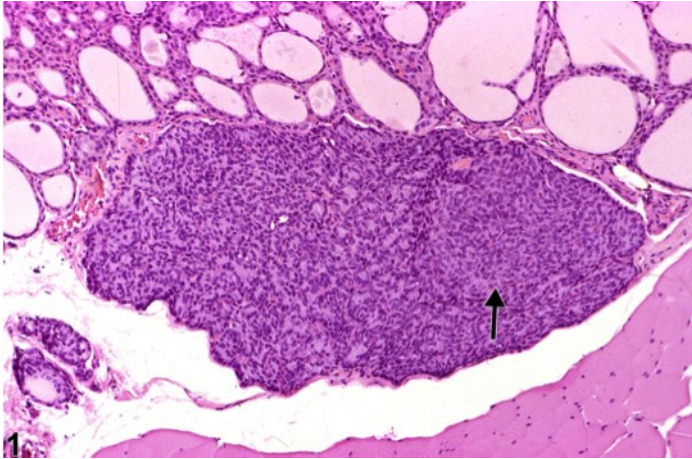
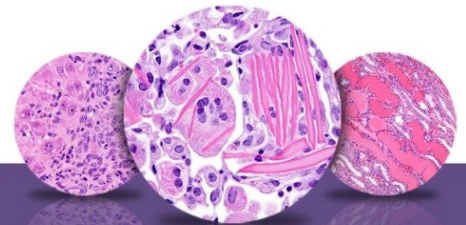


Figure Legend: **Figure 1** Parathyroid Gland - Hyperplasia, Focal in a male F344/N rat from a chronic study. This low-magnification photomicrograph contains a focus of hyperplasia (arrow) with a growth pattern distinct from the adjacent parathyroid parenchyma. **Figure 2** Parathyroid Gland - Hyperplasia, Focal in a male F344/N rat from a chronic study. Focal hyperplasia is characterized by cells with rounded nuclei and abundant hypertrophic cytoplasm but without compression of adjacent parathyroid parenchyma. **Figure 3** Parathyroid Gland - Hyperplasia, Focal in a male Wistar Han rat from a chronic study. Two focal areas of hyperplasia with pale, enlarged cells (compared with surrounding parathyroid parenchyma) are present. **Figure 4** Parathyroid Gland - Hyperplasia, Focal in a male F344/N rat from a chronic study. Two to three adjacent nests of hyperplastic foci are present; the pale staining of their hypertrophic cells makes them stand out from the normal parathyroid tissue.



NTP Nonneoplastic Lesion Atlas

Parathyroid Gland – Hyperplasia, Focal

Comment: Parathyroid hyperplasia can be focal or diffuse and occurs in low incidence in rats and rarely in mice. Focal hyperplasia is a combination of hyperplasia and hypertrophy, with the hyperplastic foci standing out from the normal parathyroid parenchyma by virtue of structural alteration of the normal cords and/or differential tinctorial staining of the enlarged hypertrophic cells comprising the focal hyperplasia. There is negligible compression of surrounding parenchyma; in contrast, parathyroid adenomas cause compression of adjacent tissue and tend to be larger than hyperplasias. Severe focal hyperplasia can result in a grossly enlarged parathyroid. Focal parathyroid hyperplasia is potentially preneoplastic.

Recommendation: Focal parathyroid hyperplasia should be diagnosed and assigned a severity grade. If both parathyroids are involved, the diagnosis should be qualified as bilateral and the severity grade based on the more severely affected gland.

References:

Capen CC, DeLellis RA, Yarrington JT. 2002. Endocrine system. In: Handbook of Toxicologic Pathology, Vol 2 (Haschek WM, Rousseaux CG, Wallig MA, eds). Academic Press, New York, 681-783.

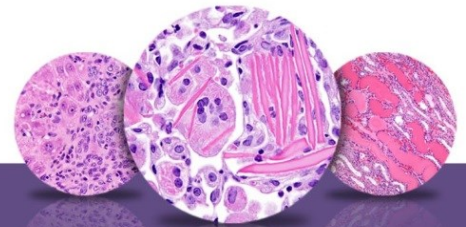
Abstract: <http://www.sciencedirect.com/science/book/9780123302151>

Rosol TJ, Capen CC. 1989. Tumors of the parathyroid gland and circulating parathyroid hormone-related protein associated with persistent hypercalcemia. Toxicol Pathol 17:346-356.

Full-text: <http://tpx.sagepub.com/content/17/2/346.full.pdf>

Seely JC, Hildebrandt PK. 1990. Parathyroid gland. In: Pathology of the Fischer Rat: Reference and Atlas (Boorman GA, Eustis SL, Elwell MR, Montgomery CA, MacKenzie WF, eds). Academic Press, San Diego, 537-543.

Abstract: <http://www.ncbi.nlm.nih.gov/nlmcatalog/9002563>



NTP Nonneoplastic Lesion Atlas

Parathyroid Gland – Hyperplasia, Focal

Authors:

Robert R. Maronpot, DVM, MS, MPH, DACVP, DABT, FIATP
Senior Pathologist
Experimental Pathology Laboratories, Inc.
Research Triangle Park, NC

Georgette D. Hill, DVM, PhD
Toxicologic Pathologist/Assistant Pathology Program Manager
Integrated Laboratory Systems, Inc.
Research Triangle Park, NC