

PTH	
Type	Pr
Causes	Hypercalcemia
Regulation	-plasma Ca < 3.5: more PTH -plasma Ca > 5.5: less PTH
Fun MOA	-bone: resorption, causing release of Ca into circulation by activation of clasts & inh of blasts -renal: excretion of phosphate in urine & Ca reabsorption -SI: (indirectly) it converts <u>25-hydrocholecalciferol</u> to <u>1,25...ol</u> which is usable form, that stimulate SI Ca reabsorption

Calcitonin	
By	Thyroid parafollicular cells (C cells)
Causes	Hypocalcemia (very rapid action)
Regulation	Hypercalcemia stimulates its secretion
Fun MOA	-bone: oppose resorption, causing Ca deposit into bones by inh of clasts & activation of blasts -renal: dec Ca reabsorption & inc its excretion along phosphate. (phosphate is always in favor of being excreted in the urine)

Path				
	Normal ricket	Osteomalacia	Renal ricket	Osteoporosis
Epidim	Children	Adults	-	Elders
Etiology	Vit D def	Steatorrhea (fat malabs.)	Kidney chronic diseases	-exercise lack -malnutrition -vit C lack -estrogen lack (PostMenopusal) -cushing synd.
Result	-Hypocalcemia -less blood phosphate	-Hypocalcemia -less blood phosphate -vit D def	Failure of kidney to activate <u>25-hydrocholec...</u>	-active clasts -inh blasts
Symptoms	Weak bones			
Tetany	- <u>early</u> : no tetany cuz PTH will stimulate clasts - <u>falling</u> : when bones are exhausted, blood Ca will drop - <u>death</u> : tetany failing resp.	Nil	Nil	Nil
Bones	Less mineralize (matrix is preserved)			Less mineralize & less matrix

Path: PTH**(1) hypoparatsm**

Etiology	-dysfun paraT -paraT removed during thyroidectomy
Signs	Hypocalcemia (vit D def might be present)
Symptoms	-tetany positive chvostek test (tapping on facial nerve will spasm facial muscles) positive trousseau test (blocking blood flow to forearm for few minutes leads to all hand strong contraction) -CVS: delay repolarization & prolonged QT interval -parasthesia (numbness is more common)
Treatment	Ca carbonates & Vit D supplements

(2) primary hyperparatsm

Etiology	paraT tumors
Signs	-hypercalcemia & hypophosphatemia -hypercalciuria & hyperphosphaturia -osteitis fibrotic cystica (fibrotic cysts within bones) -renal Ca stones -lethal deposit of Ca in soft tissues (when blood Ca ²⁺ >17 mg)

(3) secondary hyperparatsm

Etiology	-low Ca diet -pregnancy & lactation -rickets & osteomalacia & chronic renal failure
MOA	Body compensate to Hypocalcemia by secretion lots of PTH