Role of Hemithyroidectomy in Papillary Carcinoma Thyroid. A Review

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Abstract: Thyroid Malignancies are rare (%) of which papillary carcinoma is the most common histological type. Conventional treatment for papillary carcinoma of thyroid is total thyroidectomy/radioiodine ablation, however considering the surgical risk of total thyroidectomy and need for life long thyroxin replacement therapy many low risk patient can be successfully managed by hemi thyroidectomy / follow up. Here we present our experience of hemi thyroidectomy for the management of papillary carcinoma of thyroid.

1. Introduction:
Carcinoma of thyroid gland is rare with overall incidence of 0.5% only. Out of differentiated thyroid carcinoma the papillary is the most common histological variant. The incidence is more common in females with male to female ratio of 1:2.5 and is the most common thyroid carcinoma of paediatric patient. The disease have more aggressive course in young patients and in older patients The papillary carcinoma is traditionally described as microcarcinoma (<1cm nodule), intrathyroid (>1cm) and extra thyroid (beyond thyroid capsule/nodal metastasis). The management varies from hemithyroidectomy/total thyroidectomy +/- radioiodine ablation. Hemithyroidectomy has been described as the treatment option for patients above 14 years of age with unilateral papillary nodule less than 1cm and can be followed up for recurrence. Here we present our experience of hemithyroidectomy in the management of papillary carcinoma.

2. Material and methods:
This study was conducted in the deptt of ENT HNS GMC Srinagar for a period of 10 years (January 2005 to December 2015). 40 patients presenting with thyroid nodule who were about 14 years of age and less than 45 years were subjected to Ultrasonography (USG), thyroid hormone profile (TSH,T4) and fine needle aspiration cytology (FNAC). Patients with papillary carcinoma on FNAC and USG features of papillary carcinoma with less than 1cm unilateral nodule were included in this study irrespective of the sex of the patient and were subjected to hemithyroidectomy.

Inclusion criteria:
- Less than 1cm unilateral nodule.
- Patients with papillary carcinoma on FNAC
- Above 14 years and less than 45 years of age

Exclusion criteria:
- Patients with >1cm nodule size
- Multicentric disease.
- Other differentiated thyroid tumours
- Local/distant metastasis.
- Patients less than 14 years or above 45 years.

Patients were followed up 3 monthly for first year, 6 monthly for next two years and yearly for next 10 years with clinical examination and USG of neck to rule to look for local or regional metastasis.

3. Observation and results:
40 patients presented with papillary carcinoma of thyroid with unilateral disease and were subjected to hemithyroidectomy and were followed of for next 10 years. Out of 40 patients only one patient had local recurrence in the other lobe and required completion thyroidectomy.

4. Conclusion and discussion:
The present trend of treating all patients of Papillary with total thyroidectomy³ with high surgical complications like bilateral recurrent nerve at risk of damage, parathyroid damage and life long thyroxine and calcium suppletionment can be reduced with properly triaging patients of papillary carcinoma thyroid and limiting procedure to Lobectomy²,³ in limited disease (<1cm nodule) not only prevents patient from surgical risks as mentioned above but also decrease burden of life of drugs like [thyroxine] etc. As found in this study among 40 patients with 10 year of complete follow up with Papillary carcinoma of thyroid who underwent Lobectomy needed completion only in 1 patient (2.5%) cases suggesting hemithyroidectomy as, a good and fruitful alternative for localized [unilateral] < 1cm thyroid nodule with good surgical outcome and less need of total thyroidectomy and less surgical morbidities.
Références


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