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Cervical Lymph Node Dissection for Papillary Thyroid Cancers: A Decade Experience of a Single Surgical Team

Rãzvan Simescu[1], Dan Constantinescu[1,2,3], Darius Sãlceriu[1,4], Valentin Muntean[1,2,3]
[1]Humanitas Hospital, Cluj-Napoca, Romania
[2]Surgery Clinic II, Cluj County Emergency Teaching Hospital, Cluj-Napoca, Romania
[3]"Iuliu Haţieganu" University of Medicine and Pharmacy, Cluj-Napoca, Romania
[4]Surgery Clinic IV, CF Teaching Hospital, Cluj-Napoca, Romania

Abstract
Background: All patients undergoing thyroid operations should be subjected to preoperative neck ultrasound (US) followed by fine needle aspiration cytology (FNAC) of suspicious lesions. In Western countries, thyroid surgeons routinely perform neck ultrasound. The role of prophylactic central neck dissection (PCND) remains a topic of debate. For treatment of papillary thyroid carcinoma (PTC), in 2014 we introduced two new adjuncts: PCND based on criteria of the European Society of Endocrine Surgeons (ESES) consensus group and surgeon-performed US (S-US).
Methods: In order to better understand the role of these two adjuncts in our shift of strategy we aimed to evaluate the outcomes of our patients in two successive 5-year time periods based on a retrospective analysis of our prospectively maintained database (total of 286 patients were included in this study).
Results: The two groups were similar regarding epidemiological and clinical data. FNAC was done in only 21.66% of all PTC cases. PTC diagnosis was done in the majority of suspicious cases by FS. S-US guided the selective lateral node dissections (LND), leading to more lymph node metastases detections and it also surpassed endocrinologist performed US (E-US) in terms of PPV. PCND rate of complications was significantly higher due only to transient hypoparathyroidism.
Conclusions: Preoperative surgeon-performed ultrasonography is a useful tool in the arsenal of PTC treatment. The systematic preoperative FNAC diagnosis and intraoperative frozen sections in uncertain cases are mandatory. PCND is a safe method of treatment and staging in PTC.
Key words: papillary thyroid carcinoma, surgeon-performed ultrasound, prophylactic node dissection, fine needle aspiration cytology