

PREDICTIVE FACTORS OF CONTRALATERAL CENTRAL LYMPH NODE METASTASIS IN UNILATERAL PAPILLARY THYROID CARCINOMA.

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Background/Purpose: To evaluate the predictive factors for contralateral CLN in patients with unilateral ptc and clinically suspect bilateral or contralateral CLN enlargement in order to provide comprehensive evidence for doctors to make treatment individually.

Methods: We undertook a retrospective study of 83 patients treated by bilateral CLND with unilateral ptc and clinically suspect bilateral or contralateral CLN metastasis from October 2005 to December 2012. The relationships between contralateral CLN metastasis and clinico-pathologic factors such as gender, age, coexistence of Hashimoto's thyroiditis, size and number of the primary tumor, perithyroidal invasion and ipsilateral CLN metastasis were analyzed.

Results: 54(65.1%) patients had pathologically positive contralateral CLN. Univariate analysis showed that the rate of contralateral CLN metastasis was significantly higher in male, carcinoma with a maximal diameter over 1cm and positive ipsilateral CLN, but lower when Hashimoto's thyroiditis coexisting. Multivariate analysis showed that the presence of ipsilateral CLN metastasis was an independent risk factor for contralateral CLN metastasis while the coexistence of HT was a protective factor. The metastatic ipsilateral CLN ratio was a better diagnostic method for contralateral CLN metastasis. The higher the ratio, the more easily for contralateral CLN metastasis.

Discussion & Conclusion: In patients with unilateral ptc and clinical suspect bilateral or contralateral CLN metastasis, coexistence of HT is a protective factor for contralateral CLN metastasis, while ipsilateral CLN metastasis is a risk factor. These findings suggest that bilateral CLND may be an effective management for these patients with positive ipsilateral CLN metastasis but no HT coexisting. Furthermore, the metastatic ipsilateral CLN ratio is also a reliable evidence when confronting patients with suspect contralateral CLN enlargement during the follow-up period.