RECURRENCE AND PATHOLOGIC OUTCOME AFTER SELECTIVE COMPLETION THYROIDECTOMY FOR PATIENTS WITH WELL-DIFFERENTIATED THYROID CARCINOMA

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Background/Purpose: Completion thyroidectomy after diagnostic lobectomy for thyroid cancer has traditionally been performed due to concern for multifocal disease and to facilitate radioactive iodine ablation. The purpose of this study was to identify the indications for completion thyroidectomy at a tertiary care center in a recent cohort of patients.
Methods: A retrospective review was performed to identify patients who underwent immediate completion thyroidectomy for well-differentiated thyroid carcinoma (WDTC) from 2001 to 2010. Assessment for risk of recurrence was based on the American Thyroid Association Initial Risk Stratification.
Results: During the 10 year study period, 80 patients underwent completion thyroidectomy for WDTC. Forty-four (55%) patients were low risk for recurrence and 36 (45%) were intermediate risk. Initial lobectomy was performed at an outside institution in 30 (38%) patients. Completion thyroidectomy was recommended for 65 patients (group 1), while 15 patients were given an option of surveillance but ultimately decided to have surgery (group 2). Patients in group 1 had more T3 tumors and fewer T1a/T1b tumors ($p=0.005$). These patients were also more likely to be intermediate risk ($p=0.008$), to present with non-papillary histology ($p<0.001$), and to receive post-operative RAI ($p=0.001$). The rate of contralateral tumors (n=28) was similar between both groups (35% and 33%, respectively). Contralateral cancers were micropapillary in 25/28 (89%) patients, 10 (40%) of whom had multifocal disease.
Discussion & Conclusion: Completion thyroidectomy is infrequent and performed for a select group of intermediate and low risk WDTCs at our institution. Incidental multifocal and unifocal contralateral cancers are common after completion thyroidectomy.