IS THERE THYROID TISSUE REMAINING AFTER TOTAL THYROIDECTOMY AND CENTRAL LYMPH NODE DISSECTION?

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Background/Purpose: The concensus of treatment for well differentiated thyroid carcinoma is total thyroidectomy and central lymph node dissection. Then I131 ablation is given to eliminate microscopic thyroid tissue, and for a better follow up of thyroglobulin.
The purpose of this investigation was to demostrate or not thyroid tissue remaining on thyroid bed after T.T. and CND. And comparison with I131
Methods: At the Instituto de Cancerología de Medellín Colombia, the Thyroid Group decided to take biopsy of the tissues left after removing the thyroid and central lymph nodes. Thereafter patients followed the normal process of ablation with I131, and levothyroxine suppression. later we compared the results of the biopsy with the nuclear medicine results.
Results: 349 patients operated from June 2,007 to April 2,012. 324 Patients (93.1%) had Pathologyst biopsy report indicating absence of thyroid tissue remaining. 24 (6.9%), had report of thyroid tissue (+). The iodine ablation uptake was (+) in 240 (69%) and (-) 25 (7.2%). Specificity for I131 9.68%; PPV 6.6% Youden Index 15% and Kappa index 0,0053. Indicates poor concordance between both (iodine vs biopsy).
In an multivariate analysis, age > 45 years, Stage III and IV, were statistically significant for thyroid tissue remainning.
Discussion & Conclusion:
- We couldn't demostrate that there is residual thryoid tissue remaining on the thyroid bed after total thyroidectomy and central lymph node dissection.
- Patients with S. III, IV, >45 years are more prone to have thyroid tissue remainning.
- There is no correlation between Iodine uptake and thyroid tissue on the thyroid bed.