

ENDOSCOPIC THYROIDECTOMY FOR EARLY STAGE PAPILLARY THYROID CANCER

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Background/Purpose: To evaluate the feasibility and safety of endoscopic thyroidectomy for early stage papillary thyroid cancer(T1N0M0).

Methods: From July 2004 to July 2012, 131 patients with early papillary thyroid cancer underwent minimally invasive endoscopic thyroidectomy. The clinical and pathologic characteristics of patients, operation types, operative time, postoperative hospital stay time, and postoperative complications were analyzed retrospectively.

Results: All 131 operations were successfully performed endoscopically. There was no case converted to open surgery. The mean tumor size was (0.91±0.75) cm. The mean operating time was (95.1±19.8) min, the mean bleeding volume was (18.5±12.5) ml, and the mean post-operative hospital stay time was 3.1±1.2 days. Temporary recurrent laryngeal nerve (RLN), paresis occurred in 3 cases and recovered within 1 to 2 months after the surgery. One patient showed permanent RLN paralysis. 3 patients showed temporary hypoparathyroidism. No patient showed post-operative seroma and tracheal injury. There was no case with injury to the superior laryngeal nerve. No further complications, such as irritating cough, tetany, and emphysema developed after the operation. With the anterior chest wall approach, all patients had no surgical scar on the neck and thus they were satisfied with the cosmetic outcomes. All patients were disease free by follow-up of 9 to 104 (62.4±19.6)months.

Discussion & Conclusion: Endoscopic thyroid surgery is a feasible and safe method for the treatment of early stage papillary thyroid cancer. This technique had better cosmetic results and the long-term effect of this technique needs further evaluation.