

## **SEVERE PREOPERATIVE HYPERCALCITONINEMIA PRECLUDES A FAVORABLE OUTCOME IN SPORADIC MTC**

Agarwal, Amit<sup>1</sup>; Chand, Gyan<sup>1</sup>; Mishra, Anjali<sup>2</sup>; Pradhan, Roma<sup>1</sup>; Verma, AK<sup>2</sup>; Agarwal, Gaurav<sup>2</sup>; Mishra, SK<sup>2</sup>

<sup>1</sup>SGPGIMS, Lucknow, UP, India; <sup>2</sup>Endocrine Surgery, Lucknow, UP, India

**Background/Purpose:** The aim of the present study was to analyze the prognostic value of preoperative calcitonin levels (Ct) in predicting outcome

**Methods:** We reviewed the clinical and laboratory data of 92 patients (men:54 women:38), age range 11-80 years (mean 40.16+/- 14.97 years) operated during 1990-2012. All patients underwent total thyroidectomy with bilateral central compartmental dissection with or without unilateral/bilateral modified neck dissection.

**Results:** 70 patients had sporadic MTC but preoperative serum calcitonin was available in 43 patients. Mean pre-operative serum calcitonin (n=43) was 5109 +/-7481 (range: 54-36514pg/ml). 37(86%) patients had serum calcitonin levels > 1000 pg/ml while it was <1000pg/ml in 6 patients. Mean tumor size was 3.58cm+/-1.87( range:1-8cm). Post operative normalization was achieved in only 6 patients (14 %). Out of 37 patients with pre-op CT more than 1000pg/ml, only 4 patients (10.8%) achieved normalization. 5 patients had metastatic disease.

### **Discussion & Conclusion:**

Severe pre-operative hypercalcitoninemia precludes a favorable short-term outcome in patients with MTC.