

## COMPARATIVE ANALYSIS OF THE CENTRAL NODE METASTASIS BETWEEN WITH OR WITHOUT CHRONIC LYMPHOCYTIC THYROIDITIS IN PAPILLARY THYROID CANCER.

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**Background/Purpose:** Autoimmune thyroiditis has been described as a risk factor for papillary thyroid cancer (PTC) in multiple studies. We were able to observe more nodes in Central compartment neck dissection of PTC accompanied by thyroiditis at the time of surgery. Thus, we were intended to know how thyroiditis impacts with metastasis of central node.

**Methods:** We performed a retrospective review of the medical records of 1947 patients who underwent thyroid surgery for PTC at Yeungnam University Hospital between January 2009 and November 2011. Thyroiditis is defined as chronic lymphocytic thyroiditis (CLT) in terms of histopathological examination after surgery. We performed routinely central compartment neck dissection (CCND) in patient with PTC. We divided into two groups, who underwent thyroid surgery for PTC with CLT (Group A) and PTC without CLT (Group B). We analyzed clinicopathologic features of two groups through retrospective reviews.

**Results:** Group A patients were 25.5% (n=497), and Group B patients were 74.5% (n=1450). Group A and Group B had similar clinicopathologic features in age, the tumor size, multicentricity, extrathyroidal extension, vascular invasion. The incidence of female in Group A (n=476, 95.8%) was significantly higher than Group B (n=1289, 88.9% p<0.001). In Group A (n=381, 76.7%) total thyroidectomy was performed higher than Group B (n=1031, 71.1% p=0.03). The rate of central node metastasis was 26.7%. The central node metastasis rate of Group A (n=136, 27.4%) and Group B (n=383, 26.4% p=0.679) was not significant statistically. Group A was twice as many as Group B in number of central node sampling ( $7.6 \pm 5.6$  vs  $3.8 \pm 4.0$  p<0.001).

**Discussion & Conclusion:** The presence of CLT in PTC is not associated with central lymph node metastasis.