

LOCALLY ADVANCED THYROID CANCER IN ELDERLY PATIENT: SURGICAL TREATMENT.

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Background/Purpose: Well-differentiated thyroid cancer (WDTC) is a common malignancy, with an apparent increasing incidence and a wide spectrum of clinical behaviour and therapeutic responsiveness. Advanced Thyroid Cancers (ATC) is an uncommon disease, which carries significant morbidity and mortality.

Methods: We present the case of a 78-year-old patient admitted to our department for surgical management of an ATC. At the time of hospital admission the patient was symptomatic for hoarseness and dyspnea.

Preoperative evaluation, which included chest x-ray, CT scan, revealed a left neck mass with intrathoracic extension to the right side of the posterior mediastinum, behind the great vessels, between trachea and oesophagus, extending to the level of the bifurcation of the trachea. The trachea was compressed and displaced toward the right side.

Involved lymph nodes with extracapsular invasion were present in the central and left lateral neck and in the mediastinum. Multiple lung metastases were present.

The preoperative video-laryngoscopy revealed a left vocal cord palsy.

A near thyroidectomy plus left modified radical neck dissection and mediastinal lymphadenectomy was en bloc performed by a cervico-thoracic approach.

Results: Histological examination revealed “papillary thyroid carcinoma with extension to the perithyroid soft tissues and metastases in central, lateral and mediastinal lymph-nodes”.

The post operative course was uneventful. At three years follow-up, after two radioiodine therapies, the patient is alive with lung metastases

Discussion & Conclusion: Appropriate extent of primary surgery can significantly affect the prognosis of the ATC. When indicated, surgery should be complete and accomplished in a single procedure.

Aggressive surgical treatment along with adjuvant therapy is likely to offer the best results and can have a major impact on the long term outcome of survival.