PATTERNS AND PREDICTIVE FACTORS OF CONTRALATERAL CENTRAL NODAL METASTASIS IN THYROID PAPILLARY CARCINOMA: PROSPECTIVE STUDY OF BILATERAL CENTRAL LYMPH NODE DISSECTION

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Background/Purpose: The objective of this study was to determine the incidence and the risk factors for occult contralateral central neck lymph node metastasis.
Methods: A prospective study was conducted with data obtained from 127 PTC patients with clinically node-negative contralateral central neck between April 2010 and May 2011 at the Ilsong Memorial Institute Head and Neck Cancer, Hallym University College of Medicine. The study group was composed of 16 men and 121 women (mean age: 49.5 years; range 29-76 years). Total thyroidectomy and bilateral CCND was routinely performed in addition to thyroid surgery in all cases. The central neck compartment specimens were divided into dephian, ipsi/ contralateral paratracheal, and pretracheal department.
Results: Forty-four patients (34.6%) had central lymph node metastasis, and 18 patients (14.2%) had lateral neck compartment lymph node metastasis. On univariate analysis, pretracheal nodal metastasis (p<0.001), ipsilateral paratracheal nodal metastasis (p<0.001), lateral neck nodal metastasis (p<0.001), and delphian nodal metastasis (p=0.035) were significantly associated with contralateral central lymph node metastasis. Ipsilateral paratracheal nodal metastasis (p=0.026), and lateral neck compartment nodal metastasis (p=0.022) were significantly correlated with contralateral central lymph node metastasis with multivariate analysis.
Discussion & Conclusion: Contralateral central lymph node metastases were significantly associated with ipsilateral paratracheal and lateral neck compartment node metastasis. These findings suggest that contralateral elective CCND should be considered in the management of patients with ipsilateral paratracheal and lateral neck compartment node metastasis.