

PREDICTIVE FACTORS AFFECTING RECURRENCE AFTER THERAPEUTIC LATERAL NECK DISSECTION FOR PAPILLARY THYROID CANCER

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Background/Purpose: The aim of this study was to evaluate the incidence and, pattern of recurrence and was to evaluate risk factors that could affect recurrence after therapeutic lateral neck dissection in patients with PTC.

Methods: A cohort of 126 consecutive patients who underwent total thyroidectomy with therapeutic lateral neck dissection for primary PTC at National Cancer Center between May 2003 and June 2010 were retrospectively reviewed. Lateral neck dissection was performed for PTC patients presenting clinically evident lateral lymph node metastases for PTC. Both univariate and multivariate analyses were performed on several clinicopathologic variables to analyze the factors affecting recurrence.

Results: During the median follow-up period of 61.1 months, 22 (17.5%) patients experienced recurrence with one (0.8%) death of disease. Locoregional recurrence, and distant metastasis were found in 20 (15.9%) cases, and two (1.6%) cases. In univariate analysis, size of tumor, aggressive histology, number of lymph node metastases, number of lateral lymph node metastases, higher first T4-off Tg levels, and persistent T4-off Tg levels were predictive factors of recurrence ($P<0.05$). Multivariate analysis showed that male gender, aggressive histology, number of lymph node metastases (per 1 node), and off Tg (per 1ng/mL) were independent risk factors of recurrence ($P<0.05$).

Discussion & Conclusion: Recurrence occurred in 17.5% of patients, and there were 15.9% cases of locoregional recurrence, and 1.6% cases of distant metastasis. Male gender, aggressive histology, multiple lymph node metastases, and first off Tg levels are important factors for recurrence after therapeutic lateral neck dissection for primary PTC.