

ASSESSMENT OF SURGICAL COMPLETENESS IN UABA ENDOSCOPIC THYROIDECTOMY COMPARED WITH BABA AND OPEN THYROIDECTOMY USING RAI WHOLE BODY SCAN

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Background/Purpose: There are few reports describing the surgical completeness of specific endoscopic thyroidectomy. We evaluated the surgical completeness of a brand new unilateral axillo-breast approach (UABA) with gas with the reference with bilateral axillo-breast approach and conventional open thyroidectomy by means of the radioactive iodine (RAI) uptake of remnant thyroid.

Methods: Eighty five patients with differentiated thyroid cancer were enrolled from July 2010 to March 2013 and they underwent total thyroidectomy and RAI ablation. Of 85 patients, 30 patients underwent UABA, 24 patients underwent BABA and the other 31 patients underwent OT. Stimulated serum thyroglobulin (Tg) levels on the day of RAI administration and the RAI activities of remnant thyroid tissue calculated by the neck-to-skull uptake ratio (NSR) on the whole body scan 2 days after RAI administration were obtained and compared.

Results: The mean values \pm Standard deviation (SD) of NSR in UABA, BABA, and OT were 15.83 ± 14.5 , 13.67 ± 11.0 and 13.26 ± 13.1 , respectively ($p = 0.664$). The mean values \pm Standard deviation (SD) of Tg levels of patients who underwent UABA, BABA, and OT were 2.89 ± 3.75 , 3.6 ± 6.6 and 2.92 ± 5.02 , respectively ($p = 0.659$). There were no significant differences in regards of the NSR, the stimulated Tg level among UABA, BABA and OT groups.

Discussion & Conclusion: Total thyroidectomy via UABA was successfully performed with favorable surgical outcomes and postoperative complications. The completeness of UABA was comparable with that of BABA or OT.