

METASTASES OF PAPILLARY CARCINOMA OF THYROID IN LYMPH NODES INADVERTENTLY EXCISED DURING THYROIDECTOMY.

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Background/Purpose: To evaluate the risk of regional metastasizing of papillary carcinoma into anterior compartment of the neck lymph nodes, without clinical or ultrasonographic signs.

Methods: 784 patients with papillary carcinoma of thyroid gland were submitted total thyroidectomy in the North-western regional endocrinological center in 2010-2012. On examination before surgery no abnormal cervical lymph nodes were detected by either physical examination or ultrasound study in these patients.

Results: Inadvertently excised lymph nodes were found in 26 specimen of thyroid gland during the histological examination. Metastases of papillary carcinoma were revealed in 11 (42.3%) of them, and 15 (57.7%) were free. Comparison between these two groups revealed some differences: prevailing type of tumor in the group with metastases was Tall Cell cancer, detected in 5/11 patients, just as only one patient had this type of cancer in the group without metastases. On the contrary, Hashimoto thyroiditis and multifocal growth were found in 5/15 patients in the group without metastases and in only one in other group. Significant differences were not detected in frequency of invasion of capsule and size of primary tumor between these two groups.

Discussion & Conclusion: There is no common opinion is prophylactic lymphodissection necessary in all patients with papillary carcinoma. These results show a high frequency of metastasizing of papillary carcinoma into the neck lymph nodes, without clinical or ultrasonographic signs and high risk group.