

ANALYSIS OF LYMPH NODES METASTASIS IN PAPILLARY THYROID CARCINOMA AND DISCUSSION ON THE SURGERY (EXPERIENCE OF 1555 CASES)

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Background/Purpose: To investigate the characteristics of papillary thyroid carcinoma and to discuss on the surgery.

Methods: The study subjects were 1555 patients all treated at the Department of Thyroid Surgery, 1st Hospital of the Jilin University, Changchun, China, from July 2008 to July 2012.

Results: Our multivariate logistic regression analysis found male gender, younger age (≤ 45 yr of age), extrathyroidal extension, and larger size of the primary tumor (10mm) to be risk factors of CLNM. (odds ratio 2.089, 2.417, 1.534, 3.079). We also found CLNM positive was risk factor of LLNM. (odds ratio 4.996). In the correlation analysis process of central positive lymph nodes and lateral cervical lymph nodes metastasis regions, we used two nonparametric methods, Kendall correlation coefficient is 0.169, Spearman coefficient is 0.197, all $P < 0.05$. Lateral neck metastasis degree and the number of central positive lymph nodes were positively correlated. In lateral positive cervical lymph node patients, level II accounted for 62 cases (56.88%), level III accounted for 69 cases (63.30%), level IV accounted for 85 cases (77.98%), level V accounted for 17 (15.60%).

Discussion & Conclusion: With the increase of the number of positive lymph nodes, LLNM positive rate show an upward trend. In LLNM positive patients, the level IV is the most vulnerable area, followed by the level III, level II, finally level V. Level I lymph nodes metastasis is not common. PTC patients should be performed prophylactic central lymph node dissection during first treatment. CLNM positive patients especially with more positive lymph nodes (> 3) should be performed ipsilateral level II-V lymph node dissection.