

SEVERE PREOPERATIVE HYPERCALCITONINEMIA PRECLUDES A FAVORABLE OUTCOME IN SPORADIC MTC

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Background/Purpose: The aim of the present study was to analyze the prognostic value of preoperative calcitonin levels (Ct) in predicting outcome

Methods: We reviewed the clinical and laboratory data of 92 patients (men:54 women:38), age range 11-80 years (mean 40.16+/- 14.97 years) operated during 1990-2012. All patients underwent total thyroidectomy with bilateral central compartmental dissection with or without unilateral/bilateral modified neck dissection.

Results: 70 patients had sporadic MTC but preoperative serum calcitonin was available in 43 patients. Mean pre-operative serum calcitonin (n=43) was 5109 +/-7481 (range: 54-36514pg/ml). 37(86%) patients had serum calcitonin levels > 1000 pg/ml while it was <1000pg/ml in 6 patients. Mean tumor size was 3.58cm+/-1.87(range:1-8cm). Post operative normalization was achieved in only 6 patients (14 %). Out of 37 patients with pre-op CT more than 1000pg/ml, only 4 patients (10.8%) achieved normalization. 5 patients had metastatic disease.

Discussion & Conclusion:

Severe pre-operative hypercalcitoninemia precludes a favorable short-term outcome in patients with MTC.