

PAPILLARY THYROID CARCINOMA WITH NEGATIVE FROZEN SECTION IN LATERAL NECK NODE, BUT POSITIVE PERMANENT SECTION DO NOT NEED ADDITIONAL LATERAL NECK DISSECTION.

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Background/Purpose: There were still cases that were preoperatively or intraoperatively misdiagnosed and treated as papillary thyroid carcinoma (PTC) without lateral neck metastasis because fine needle aspiration biopsy or frozen sectioning of lymph node did not provide sufficient evidences for lateral neck metastasis (LNM). The aim of this study was to investigate the clinical outcomes of patients with PTC with occult LNM who did not undergo lateral neck dissection (LND).

Methods: There were still cases that were preoperatively or intraoperatively misdiagnosed and treated as papillary thyroid carcinoma (PTC) without lateral neck metastasis because fine needle aspiration biopsy or frozen sectioning of lymph node did not provide sufficient evidences for lateral neck metastasis (LNM). The aim of this study was to investigate the clinical outcomes of patients with PTC with occult LNM who did not undergo lateral neck dissection (LND).

Results: None of the patients underwent additional surgery such as LND. The mean follow up periods was 24.8 ± 8.4 months. The mean sizes of metastatic foci of node were 0.12 ± 0.06 cm (0.06 – 0.3 cm). Radioactive iodine treatment was performed to all the patients except one who underwent less than total thyroidectomy. The serum thyroglobulin levels were lower than 1 ng/ml except on patient who underwent less-than-total thyroidectomy. None of the patients developed recurrence through radiologic findings or died of thyroid carcinoma to date.

Discussion & Conclusion: In PTC patients who showed negative metastasis in frozen section, even if permanent pathologic report was positive for lateral neck node metastasis, additional LND seems not to be necessary.