

THYROID LOBECTOMY FOR TREATMENT OF WELL DIFFERENTIATED THYROID CANCER CONFINED TO ONE LOBE

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Background/Purpose: There has been controversy of the lobectomy for well differentiated thyroid cancer (WDTC). Current guidelines recommend total thyroidectomy for the cancer over 1cm, despite previous report suggesting that the lobectomy provides similar excellent outcomes. The purpose of our study is to report our experience of WDTC treated by thyroid lobectomy.

Methods: We retrospectively analyzed 284 patients with WDTC treated by thyroid lobectomy from January 2002 to December 2010. Overall survival (OS) and disease-free survival (DFS) were determined by the Kaplan-Meier method. Factors predictive of recurrence by univariate and multivariate analysis were determined using the χ^2 test and Cox proportional hazard model respectively.

Results: With a mean follow-up of 60.4 months, OS and RFS for all patients were 97.9% and 96.5% respectively. No patient died due to WDTC. Univariate analysis showed statistically significant differences in recurrence by tumor size ($p=0.013$) and presence of invasion ($p=0.039$). However, Multivariate analysis showed no significant difference in local recurrence.

Discussion & Conclusion: Patients with less than 2cm sized WDTC confined to one lobe can be safely treated by lobectomy.