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TOTAL THYROIDECTOMY FOR SECONDARY SUBSTERNAL GOITERS: UNANTICIPATED THYROID MALIGNANCY AND PERIOPERATIVE DIFFICULTIES

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Aim: We examined whether preoperative thyroglobulin (TG) levels have predictive value for malignancy in cases with secondary substernal goiter (SSG), treated with total thyroidectomy (TT).

Methods: Among 396 patients who have undergone TT during period Dec'2013-Dec'2017, we encountered 23 with SSG (5.8%): 19 women/4 men, aged 30-70 years (mean, 56). They had known thyroid goiter for 7-22 years (mean, 12). Coexisting thyroidopathies were present in 13: lymphocytic thyroiditis 7, Hürthle/oxypilic cell neoplasm 3, Graves' 2, toxic adenoma 1, Plummers' 1. One patient was suffering from morbid obesity and sleep apnea syndrome, and two had coronary artery bypass. In all, neck/chest CT revealed anterior mediastinal swelling of goiter. Patients' findings and symptoms were: goiter swelling (bilateral: 14, unilateral: 9), trachea compression with voice changes and dyspnea/stridor 13 (trachea deviation 10), dysphagia 7, dilated external jugular veins 4. Nine had increased TG values (83.7-358 ng/ml, mean 175/normal: 0-60 ng/ml). All underwent TT via cervical incision.

Results: No death occurred. One patient (Graves') underwent tracheostomy for respiratory distress due to tracheal malacia and left recurrent laryngeal nerve microtraumatism; tracheostomy tube was removed at one month and the patient is doing well. The morbidly obese had a cervical seroma after discharge, which needed outpatient insertion of soft drain for 4 days. Six had hypocalcemia; only one needed oral Ca⁺⁺/VitD for 3 months. Histology revealed bilateral nodules in 21 patients, Hashimoto's/lymphocytic thyroiditis 7, Graves' 2, toxic adenoma 1, Plummers' 1, papillary carcinoma 2 (with Hashimoto's), papillary microcarcinoma 3, Hürthle cell "benign" neoplasm 2. Weight of goiter ranged 75-120gr (average 100). Among patients with high TG, 2 had carcinoma and 2 microcarcinoma; no one was preoperatively diagnosed. Patients were discharged 2-6 days after surgery (mean, 3.3).

Conclusions: Elevated TG levels constitute an index of suspicion for malignancy in SSG patients undergoing TT, but not always document thyroid cancer

Biography

Avgoustou C has specialized in General Surgery, working in the Greek National Health System since 1988, and his main areas of interest are Colon and Pelvic Surgery, Hepatobiliary Surgery, Gastric Surgery and Thyroid Surgery. He has been Director of Surgery in the Surgical Department of General Hospital of Nea Ionia "Constantopoulion - Aghia Olga - Patission" since 2008. He is Member of numerous Medical Societies. He has participated in hundreds of Congresses, with presentation of his work in 160, international in their majority. He has 111 publications, with 42 of them in international English-language Medical Journals. He has been trained in specific surgical topics, such as laparoscopic surgery, thoracic surgery, pelvic surgery etc.

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