Total thyroidectomy: the treatment of choice for patients with differentiated thyroid cancer.

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There is considerable controversy about the most appropriate treatment of patients with thyroid cancer. This report concerns the author's experience with 82 consecutive patients having total thyroidectomy from January 1977 through December 1981. The age of the patients ranged from 21 to 86 years (mean age 44 years). There were 44 women and 38 men. Twenty-four patients (29%) had had previous thyroid operations; ten patients (11%) had coexistent parathyroid adenomas removed; and seven patients (8.5%) had modified radical neck dissections. Thirty-four patients (41%) had a history of radiation to the head and neck, and 12 (35%) of the 34 irradiated patients and 51 (63%) of the entire group of 82 patients had thyroid cancer (45 papillary, five follicular, one medullary). Coexistent lesions in the patients with papillary cancer included Hashimoto's thyroiditis, five patients; parathyroid adenomas, four patients; Graves' disease, one patient; Hurthle cell neoplasm, one patient; and amyloid struma, one patient. If less than total thyroidectomy had been performed, 26 (51%) of the 51 patients with thyroid cancer would have had cancer left in the residual thyroid lobe, and focal cancers in the lobe opposite to the one containing the nodule for which the operation was performed would have been missed in five patients (10%). Five of the 20 patients with unilateral cancer had follicular cancer. Complications included one case of permanent hypoparathyroidism and two cases of transient bilateral recurrent laryngeal nerve palsy. Ninety-six per cent of the patients were discharged within four days of thyroidectomy, 94% by three days, and 79% by two days. Uptake of radioactive iodine was not above background levels in nine (26%) of the 35 patients studied after operation and was less than 1% in the remainder. These data suggest that total thyroidectomy is the treatment of choice for patients with thyroid cancer because residual cancer would persist in the remaining thyroid tissue in at least 61% of patients if only lobectomy had been performed. Total thyroidectomy can be done with minimal permanent disability in patients with benign and malignant thyroid tumors, in patients who have had previous thyroid operations, and in patients with coexistent hyperparathyroidism.

PMID: 7114941 [PubMed - indexed for MEDLINE]