Chirurgia (Bucur). 2022;117(5):556-562
http://dx.doi.org/10.21614/chirurgia.2736

Thyroidectomy for the Management of Differentiated Thyroid Carcinoma and their Outcome on Early Postoperative Complications: A 6-year Single-Centre Retrospective Study

Francesk Mulita[1], Georgios-Ioannis Verras[1], Vasiliki-Danai Dafnomili[1], Levan Tchabashvili[1], Ioannis Perdikaris[1], Dimitrios Bousis[2], Elias Liolis[2], Angelos Samaras[1], Vasileios Vafeiadis[1], Angelos Delis[1], Ioannis Panagiotopoulos[3], Dimitrios Filis[4], Panagiotis Perdikaris[1], Ioannis Maroulis[1], Stathis Anesidis[1], Konstantinos Bouchagier[1]

[1]Department of Surgery, University Hospital of Patras, Greece
[2]Department of Internal Medicine, University Hospital of Patras, Greece
[3]Department of Cardiothoracic Surgery, University Hospital of Patras, Greece
[4]Department of Surgery, "Saint Andrew" General Hospital of Patras, Greece

Abstract

Introduction/Objective: Thyroid carcinoma (TC) accounts for one percent of all carcinomas, with a higher incidence in women. Although there is controversy on the selection of the best surgical treatment for differentiated TC, total thyroidectomy (TT) and subtotal thyroidectomy (STT) are still the two main surgical procedures. The aim of the present study was to evaluate the early complication rates of thyroidectomy in patients undergoing thyroid surgery at a tertiary hospital in Greece.

Methods: A total of 306 patients with differentiated TC who underwent thyroid surgery were enrolled retrospectively. Patients were divided into two groups. Group A included 214 patients undergoing TT, whereas 92 patients (group B) underwent STT. Demographic details of patients, operating time, and early complications (hypoparathyroidism, hematoma, infection, temporary recurrent laryngeal nerve palsy) were noted.

Results: There was no significant difference in the sex, age, and mean operating time between the two groups (P=0.47, P=0.55, and P=0.09, respectively). Either hematoma or wound infection occurred in 3 (1.4%) or 4 (1.87%) of the patients undergoing TT compared to two (2.17%) or three (3.26%) of the patients undergoing STT (P=0.63 and P=0.46, respectively). In addition, either hypoparathyroidism or temporary recurrent laryngeal nerve palsy was observed in 34 (15.89%) or 13 (6.07%) of the patients undergoing TT compared with eleven (11.96%) or nine (9.78%) of the patients undergoing STT (P=0.37 and P=0.25, respectively).

Conclusions: The current study demonstrates that total thyroidectomy can be safely performed in patients with differentiated thyroid carcinoma without increasing the risk of early complications.

Key words: differentiated thyroid carcinoma, early postoperative complications, total thyroidectomy, subtotal thyroidectomy, hypocalcemia