중앙 경부 재발 유두 갑상선암으로 수술한 환자의 재발 양상과 수술 합병증

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Purpose : Central compartment reoperation for recurrent thyroid carcinoma is challenging to the surgeons due to scar tissues, adhesions and distortion of the normal anatomic relationships. This study was carried out to investigate central neck recurrence pattern and surgical morbidity of reoperation in patients with papillary thyroid carcinoma.

Patients & Methods : The study population comprised 68 papillary thyroid carcinoma patients (15 male, 53 female ; median age 50.8years [ranges, 12−78years]) who underwent reoperation for recurrent tumors in the central compartment of neck between January 1999 and June 2007. All of the patients had prior total thyroidectomy.

Results : Of the 68 patients, 21 recurrences occurred in the thyroid tissue proper of thyroid bed, 43 in the central neck nodes and 4 in combination of central nodes and thyroid tissue proper. The common recurrent site from thyroid tissue proper were at the berry ligaments and at the level of the upper one-third of the recurrent laryngeal nerves, while the common nodal recurrence site were the lower-most portion of paratracheal nodes, and the right paraesophageal nodes (lymphnodes posterior to right recurrent laryngeal nerve). Eleven transient hypocalcemia (17.5%) and 3 permanent hypocalcemia (4.3%) were noted after reoperation. Recurrent laryngeal nerve injury occurred in 5 patients (8.1%), but three of them were intentionally resected with recurrent cancers.

Conclusion : Reoperation for central neck recurrence of papillary thyroid carcinoma is associated with a higher complication rate. Meticulous surgical dissection of central compartment based on the recurrent patterns is important to reduce the injury rates of recurrent laryngeal nerves and parathyroid glands