

Occult Lymph Node Metastases in Neck Level V in Papillary Thyroid Cancer

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Background : The extent of neck dissection for clinically evident lateral neck of papillary thyroid cancer (PTC) patient remains still controversial.

Methods : We reviewed the medical records of 70 PTC patients who underwent therapeutic lateral neck dissection (level II~V) for the treatment of clinically positive lateral neck to establish the indications of omission of level V lymphadenectomy between March 2005 and March 2008. All these patient had not clinically positive level V lymph node. Neck dissection specimens were obtained for histologic analysis of node metastasis with respect to separate neck levels.

Results : Thirty-four (49%), 52(74%), and 48(69%) patients had histological positive lymph node in level II, III, and IV, respectively. Occult metastases in level V was observed in 11 (16%) patients. Isolated positive level V lymph node was never found, and all patients with positive level V lymph node had simultaneous positive level IV lymph node. In multivariate analysis, simultaneous multilevel involvement (level II, III, and IV) of positive lymph node was significantly associated with level V metastasis.

Conclusion : Level V lymphadenectomy may be omitted in treatment of clinically evident lateral neck of PTC patients if positive nodes were not observed in level IV.