

CLINICAL DIAGNOSIS in patients with unexpected cancer (n=25)

Multinodular goiter	14
Cystic or adenomatous nodule	11

Histologic type of unexpected cancer (n=25)

Papillary thyroid CA	16
Follicular thyroid CA	9

RESULTS OF INVESTIGATIONS performed in patients with unexpected cancer (n=25)

1. Thyroid function	euthyroid	23
	hyperthyroid	1
	hypothyroid	1
2. Ultrasound	cystic or adenomatous lesion ± multinodular component	13
	multinodular goiter	12
3. Scintigraphy	cold nodule	18
	multinodular goiter	7

RESULTS OF INVESTIGATIONS performed in patients with unexpected cancer (n=25)

4. Fine needle biopsy	negative results	15
	not performed	10
5. CT scan	no suspect lesion	4
	not performed	21
6. Thyroglobin	normal	11
	elevated	7
	not performed	7

TYPE OF FIRST OPERATION performed in patients with unexpected cancer (n=25)

Excisional biopsy	6
Subtotal lobectomy	3
Total lobectomy + isthmectomy	4
Total lobectomy + subtotal controlat.lobectomy	5
Bilateral subtotal lobectomy	6
Total thyroidectomy	1

Macroscopic appearance at first operation

- no cancer suspicion	20
- suspect appearance	5
immediate total excision	1
frozen section	4
positive	2
negative	2

Histologic type of unexpected thyroid cancer (n=25)

	papillary (n=16)	follicular (n=9)
T1 (< 1 cm)	0	0
T2 (1 - 4cm)	6	5
T3 (> 4 cm)	5	3
N0 (no LN)	14	9
Nia (ipsilater. LN meta's)	2	0
Nib (bilater. or contralat. LN meta's)	0	0

SURGICAL ATTITUDE IN CASE OF MICROSCOPICALLY DETECTED THYROID CA (n=25)

Resection considered inadequate		Resection considered adequate	
Local excision	6	TT	1
STL	3	TL + isthmus	4
STL + STL	6	TL + STL	5
Total	15	Total	10

TYPE OF SECOND OPERATION in patients with thyroid cancer proven after first intervention (n=15)

- Total thyroidectomy : 12
 - without Rad.neck diss. 11
 - with Rad. Neck diss. 1
- Total lobectomy + subtotal contralateral lobectomy 3

MORBIDITY OF SECOND RADICAL OPERATION

Recurrent nerve lesion (unilateral)	1
Permanent hypoparathyroidism	1

ADJUVANT THERAPY

Radioactive iodine treatment	14/25
Hormonal treatment	25/25
External radiotherapy	/

INFLUENCE OF SECONDARY TREATMENT in patients with unexpected cancer

	Radical surgical treatment TT or TL + STL	Radioactive iodine treatment
	highly effective	early effective
	lower dosis can be used	

Morbidity in papillary CA	TT	TL + STL
N. recurrens	1.6%	1.0%
Parathyroid	13.5%	2.0%
Recurrence rate	10.9%	11.2%

FOLLOW-UP AND RECURRENCE RATE (1-10 years) (n=25)

Follow-up : all patients alive

Recurrence rate : 5/25

	<u>papillary</u>	<u>follicular</u>
T2	2/6 (TT/TL/STL)	0/5
T3	0/5	1/3 (STL+STL)
T4	1/5 (TL+STL)	1/1 (TL+STL)

Recurrence :

- All patients had initially N0
- All patients were successfully treated with radioactive iodine

CONCLUSION

Unexpected cancer of thyroid

- multinodular goiter
- cystic or warm nodule
- negative, unconvulsive or unperformed FNA biopsy

1st operation

Cancer suspicion no cancer suspicion

CONCLUSION

Cancer suspicion

frozen section

- positive
 - T1&2 → TL+STL
 - T3&4 → TT
- negative → TL+STL

CONCLUSION

No cancer suspicion

Operating according to actual pathology

paraffin section

reoperation according to tumor stage

- TL+STL → no reoperation
- TL → reoperation according to tumor stage
 - T1 & T2 → no reoperation
 - T3 & T4 → reoperation → TT or TL+STL
- STL → reoperation according to tumor stage
- STL+STL → reoperation according to tumor stage

CONCLUSION

Unexpected thyroid cancer more frequent than previously thought (30.1%)

A primary operation should best consist of

- TL for a "benign" nodule or unilateral goiter
- TL + STL for a cold nodule or multinodular bilateral goiter