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### Risks and benefits of prophylactic lymph node dissection during thyroidectomy for suspicious nodule

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**Introduction:** The FNA has become essential for the surgical management of thyroid nodule. When cytology indicates a possible malignancy, some teams combine a prophylactic thyroidectomy and lymphadenectomy. Up to date, the risk and benefit ratio of prophylactic lymphadenectomy has not been evaluated in particular in case of uncertain diagnosis (Bethesda score = 3/4).

**Materials & Methods:** Retrospective study was conducted in 227 patients (179 women, 48 men) consecutively operated since July 2010 for a suspected thyroid nodule, isolated or dominant and who had a preoperative ultrasound and fine needle aspiration in an expert single center. The intervention consisted of a total thyroidectomy with or without a cervical lymph node dissection (removal of at least 6 nodes). The dissection was considered prophylactic in the absence of suspicious lymph nodes identified in the preoperative ultrasound.

**Results:** FNA results were correlated by Bethesda pathological diagnosis of malignancy (B3: 23%, B4 : 31%, B5: 73%, B6 : 90%). Preoperative ultrasound found no adenopathy in 201 patients (88.6%), including 139 (69%) underwent a prophylactic lymphadenectomy ( $\geq 6$  nodes). In this case, the median number of lymph nodes removed was 14 (IQR=9 to 19). Lymph node involvement was found in 0/14 patients B3(0%), 0/72 B4 patients (0%), 8/72 patients B5 (11%) and 10/42 patients B6 (24%). The overall rate of postoperative complications (hypocalcemia, laryngoscopy abnormal, cervical hematoma, surgical site infection) was 49% in cases of prophylactic dissection and 28% in the absence of dissection ( $p=0.001$ , Chi 2). Performing dissection significantly increased length of hospital stay ( $1.5\pm 1.0$  vs.  $2.2\pm 2.0$  days,  $p<0.001$ ). In multivariate analysis, the implementation of prophylactic lymphadenectomy increased the risk of complications by 47% (OR 2.033, 95% CI:1.003 to 4.118,  $p=0.049$ ), regardless of tumor size ( $p=0.81$ ).

**Conclusion:** During a thyroidectomy for suspicious nodule, prophylactic lymphadenectomy increases post-operative morbidity of 47% and lengthens hospitalization. Role of prophylactic lymph node dissection seems to be questionable when Bethesda's score is less than 5 regardless of tumor size.

### Biography

François Pattou is the Chairman of General Surgery, Bariatric and Endocrine Surgery at the University Hospital of Lille, France. He is a Professor since 2004. He has published more than 50 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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