Evaluation of completion thyroidectomy after incomplete management in differentiated thyroid cancer

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Doctoral (PhD) Thesis, 2002

Abstract

A randomized study of the value of completion thyroidectomy after incomplete management of differentiated thyroid cancer papillary and follicular carcinoma. 20 patients were completed into total thyroidectomy. 20 patients were left either with hemithyroidectomy, near total thyroidectomy and subtotal thyroidectomy. Observations suggests that it is important to complete into total thyroidectomy. If there is residual normal thyroid tissue it is better to be ablated by radioactive iodine to attain loco-regional control and facilitate follow up. Conservation done only in cases of papillary carcinoma especially if there is recurrent laryngeal nerve injury in the previous surgery.

Keywords

Thyroid, cancer, Differentiated, Radioactive Iodine, Goiter.