Magid Althbety, Thyroid Disorders Ther 2016, 5:1(Suppl)
http://dx.doi.org/10.4172/2167-7948.C1.002

OMICS International
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International Conference on

Thyroid Disorders and Treatment

February 29-March 01, 2016 Philadelphia, Pennsylvania, USA

Outcomes of trans-cervical surgical management for massive substernal Thyroid goiters; a community hospital experience

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Background: Massive substernal goiters are frequently noted in developing countries, but are not as frequently treated in developed countries. Management of massive Thyroid goiters is frequently referred to tertiary university hospitals. In the following study, we present our recent community hospital based experience managing such cases using a trans-cervical approach.

Objective: To assess a community hospital based experience managing massive substernal Thyroid goiters. To assess our clinical outcomes using a trans-cervical or a collar neck incision for accessing and surgically removing such massive tumors.

Setting: Southern California Permanente Medical Group, community hospital setting.

Method: Retrospective review over the past 6 years (2006-2011) of all cases of massive substernal Thyroid goiters surgically treated. Chart review was performed and identified were age, sex, diagnosis, extent of goiter, treatment, disease status, survival (months), size of Thyroid (grams), complications (hypocalcemia, vocal cord injury) and estimated blood lose (ml). A comparison was made between pre- and post-operative function (breathing, speech and swallowing).

Results: 9 cases were identified which met study criteria. The average age at diagnosis was 59.1 yrs (43-86 yrs). There were 2 males and 7 females. There were 6 multi-nodular goiters and 3 goiters with papillary Thyroid carcinoma present. With regard to extent of goiter – 4 cases extended under the arch of the aorta, 5 cases extended to the mid-arch, and all compressed the trachea to some extent. All surgically underwent total Thyroidectomy, mediastinal dissection via trans-cervical approach and neck dissections in 3 cases. All patients are alive and cancer free or disease free at 26.3 months. The average size of the gland was 184 grams (100-353 grams). With regard to complications there were 2 cases of vocal cord paralysis, 2 cases of vocal cord paresis and 6 cases requiring long term calcium supplementation. The average blood lose surgically was 167 ml (50-500 ml). All patients had returned to normal breathing, speech and swallowing function post-operatively.

Conclusion: Massive substernal goiters can be surgically removed via a trans-cervical approach, thus avoiding sternotomy. A thoracic surgeon was available at all times to assist with our cases. Our community hospital based series although not large is a good representation of what potential outcomes might be in a non-tertiary setting. All patients improved post-operatively with regarding to breathing, speech and swallowing. A higher complication rate of recurrent laryngeal nerve was noted in cancer cases due to tumor invasion. Long term follow up of our patients is needed to fully confirm these studies findings.

Biography

Magid Althbety has completed his Residency in Otolaryngology and Head and Neck Surgery in Riyadh and then continued his Fellowship in University of California, Irvine, USA as Head & Neck and Reconstruction surgery 2011-2012, then another year from 2012-2013 in Kaiser-Permanent Hospital as Clinical Head & Neck and Skull base Surgery. He is currently working as Otolaryngologist and Head and Neck Surgeon and Skull base Surgeon in Security Forces Hospital in Riyadh, KSA. He published more than 4 papers in different journals and has been serving as Acting Head of ENT Division in the same Hospital and member of many of ENT society internally and internationally and member of Head and Society in USA.

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