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Pattern of Cervical Lymph Node Involvement in Papillary Thyroid Carcinoma

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Background:

Papillary thyroid carcinoma (PTC) accounts for 80-85% of all thyroid carcinoma. The SR reaches over 90% over a 10-year of follow-up. The frequency of cervical lymph node metastasis ranges from 40-90%. We analyzed the data of 37 PTC patients who underwent thyroidectomy and neck dissection to illustrate the pattern of cervical lymph node metastasis in PTC.

Methods

Retrospective review of 37 patients who underwent thyroidectomy with neck dissection for PTC. Preoperative assessment included FNAC, US +/- CT/MRI scans.

Results

The patients' average age was 44± 19.5 years. Female to male ratio was 1.5:1. The incidences of lymph node metastasis according to the neck level were; 40.5% (15) at level I, 67.6% (25) at level II, 45.9% () at level III, 16.2% (6) at level V, 54% (20) at level VI, while no metastasis was found at level VII. 29 cases (78.4%) had multiple levels involvement, while 6 patients had single level metastasis; 5 at level VI and one at level II. Two patients had no metastatic lymph nodes.

Conclusion

Selective neck dissection has proven to reduce the potential morbidity associated with more extensive neck dissection without affecting the oncological outcomes. Levels III and IV are commonly involved, and usually dissected in continuity. Level II dissection is recommended whenever there is extensive involvement of levels III/IV. Level VI is usually dissected, even as a prophylactic procedure due to the high frequency of microscopic metastases. Level V dissection is usually not recommended unless involved. Involvement of Level I is rare.

Biography

Emad is a general surgery registrar, mainly works in endocrine and general surgery. He is interested in endocrine cancer research. He has at least 9 published papers. Through his work he hopes that his research activity would be valuable to help people all over the world. He is currently working as a General Surgeon in the James Cook University Hospital, England in UK.

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