

## Surveillance of the Larynx during a Total Thyroidectomy for Benign Goitre

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## DESCRIPTION

Laryngeal neuro monitoring was introduced in thyroid surgery some 15 years ago with the aim of reducing the chances of laryngeal palsy. Since then, despite numerous publications, no scientific consensus on its real benefit has emerged. However, three recent studies from Germany seem to change the status quo in our opinion. The first of these studies highlights that when a laryngeal neuro monitoring signal is recorded strictly in accordance with international standards (neural transmission being checked and recorded from the pneumogastric and inferior laryngeal nerve trunks ipsilateral to the loboisthmectomy), this in no way increases the risk of unilateral inferior laryngeal palsy and is indicative of normal ipsilateral laryngeal mobility in 98% to 99% of cases.

Additionally, according to these authors, laryngeal neuro monitoring equipment is available in 89% of thyroid surgery clinics in Germany. In the case of benign goiter, 93% of German surgeons recommend avoiding resecting the contralateral thyroid lobe if neuro monitoring at the overall of loboisthmectomy fails to find a signal (signal loss) in the inferior laryngeal nerve. It is employed in more than 90% of operations. The results of a German university hospital team who are using laryngeal neuro monitor in total thyroidectomy for benign goiter.

Only when neuro monitoring at the end of loboisthmectomy detected a signal was the contralateral lobe resected in this prospective in a series of more than 1300 patients (no signal loss). The authors bring attention to the lack of postoperative bilateral laryngeal palsy during this experience, despite the fact that this complication was frequent in the years when intraoperative neuro monitoring was introduced.

The third research examined at malpractice claims concerning laryngeal palsy subsequent surgical treatment in Germany. The author notes that since 2007, the use or non-use of laryngeal neuro monitoring. Failure to complete neuro monitoring in accordance with international guidelines has result in the surgeon losing in three-quarters of cases with bilateral laryngeal palsy following total thyroidectomy. Thus, it would seem that in benign thyroid swollen gland surgery, deciding whether or not to operate on the contralateral lobe in the same surgical step requires checking the pneumogastric and inferior laryngeal nerve conduction status at the end of primary loboisthmectomy. This attitude protects the patient against the possibility of the bilateral

laryngeal palsy, whose incidence in the literature ranges from 0.2% to 0.8% and which, in nearly 45% of instances, necessitates tracheotomy. These results set a new benchmark for surgical treatment of benign thyroid goiters in Europe.

According to official statistics of France's National Institute of Statistics and Economic Studies (INSEE), there have been 50.4 million adults in the nation as of January 1st, 2010. Only 10% of people can anticipate getting thyroid goiter at some point in their lives. A simple calculation uncovers there will be among 1000 and 4000 cases of bilateral laryngeal palsy in France if only a small percentage of those-at most, 1% undergo surgery (for hyperthyroidism, multiple and/or evaluative nodules, doubt on biopsy, intra thoracic location, or onset of complications).

Additionally, it should be remembered that sentences imposed in cases with post-thyroidectomy bilateral laryngeal palsy are becoming tougher and much worse. Generally speaking, given the foregoing and French Law No. 2002-303 of March 4, 2002, concerning "Patients' Rights and Health System Quality," all patients scheduled for total thyroidectomy for benign goiter should be informed of whether international standard laryngeal neuro monitoring is to be associated with surgery and as to the new surgical strategy entailed by its use or non-use. When laryngeal neuro monitoring is not going for use, the pre-operative information session should contrast the increased morbidity put on by a total thyroidectomy performed in two phases to the risk of bilateral laryngeal palsy.

We also assume that our National Scientific Society should inventory the number of clinics and surgeons who dispose of and use international standard laryngeal neuro monitoring in coordination with the various other French societies whose members also perform benign thyroid goiter surgery in order to calculate its penetration and implementation and which procedure they follwing, Germany's standard procedure or Frances' reference in complaint procedure.

The cost of laryngeal neuro monitoring as according global standards is by no means negligible, so the national organizations that represent our community should contact the authorities right away to estimate the additional costs with this shortly procedure to the ranking of benign thyroid goiter surgeries in France. This will help ensure that National Health Insurance coverage keeps up with breakthroughs even during this period of budgetary restraint.

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