The long term outcome of papillary thyroid carcinoma patients without primary central lymph node dissection: Expected improvement of routine dissection

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Background. We investigated central compartment recurrence (CCR) and mortality rate in patients with papillary thyroid carcinoma (PTC) who had no central lymph node dissection (CLND) at the time of primary operation.

Methods. The medical records of 343 patients who underwent operations for PTC between January 1988 and December 2002 with a mean postoperative follow-up period of 9 ± 4 years, were reviewed.

Results. Twenty-two patients (6%) had locoregional recurrence. The lateral, central, or both compartments were involved in 16, 2, and 4 of 22 patients, respectively. The rate of CCR was 2% (6/343). Five (2%) patients died from PTC due to locoregional invasion (tracheal and esophageal invasion) in 3 patients and distant metastasis in 2 patients. Older age (≥60), initial metastatic lateral cervical lymph nodes, size of primary tumor size ≥3 cm, microscopic extrathyroidal extension, and aggressive histologic subtypes (diffuse sclerosing, tall-cell, poorly differentiated) of PTC were risk factors for CCR and mortality (P = .0001).

Conclusion. Initial CLND might be of value to prevent CCR and mortality in PTC patients with initial metastatic cervical lateral lymph nodes, older age (age ≥60), primary tumor size ≥3 cm, and aggressive histopathologic features of PTC. (Surgery 2009;146:1188-95.)

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