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ORIGINAL ARTICLE

Incidental versus non-incidental thyroid carcinoma: Clinical presentation, surgical management and prognosis[☆]

Elena González-Sánchez-Migallón^{a,*}, Benito Flores-Pastor^a,
Carmen Victoria Pérez-Guarinos^a, Joana Miguel-Perelló^a, Asunción Chaves-Benito^b,
Fátima Illán-Gómez^c, Andrés Carrillo-Alcaraz^d, José Luis Aguayo-Albasini^a

^a Servicio de Cirugía General, Hospital General Universitario J.M. Morales Meseguer, Universidad de Murcia, Murcia, Spain

^b Servicio de Anatomía Patológica, Hospital General Universitario J.M. Morales Meseguer, Universidad de Murcia, Murcia, Spain

^c Servicio de Endocrinología y Nutrición, Hospital General Universitario J.M. Morales Meseguer, Universidad de Murcia, Murcia, Spain

^d Servicio de Medicina Intensiva, Hospital General Universitario J.M. Morales Meseguer, Universidad de Murcia, Murcia, Spain

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KEYWORDS

Thyroid cancer;
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Abstract

Background and objective: Thyroid cancer may be clinically evident as a tumor mass in the neck or as a histopathological incidental finding after thyroid surgery for an apparent benign condition. Our objective was to assess the differences in clinical signs, surgical management, and course between incidental and clinically diagnosed thyroid tumors.

Methods: A retrospective study was conducted on patients operated on for benign or malignant thyroid disease from January 2000 to March 2014. Among the 1415 patients who underwent any thyroid surgery, 264 neoplasms were found, of which 170 were incidental. A comparison was made of incidental versus non-incidentally diagnosed carcinomas. Among incidental carcinomas, cases whose indication for surgery was Graves' disease were compared to those with multinodular goiter.

Results: Incidental carcinomas were in earlier stages and required less aggressive surgery. There were no differences in surgical complications between incidental and clinical tumors, but

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* Corresponding author.

E-mail address: elenagsm77@gmail.com (E. González-Sánchez-Migallón).

mortality and relapses were markedly higher in non-incidental cancers (4.4% vs 0% and 13.2% vs 4.8% respectively). Carcinomas developing on Graves' disease showed no differences from all other incidental tumors in terms of complications, mortality, or relapse after surgery.

Conclusions: Early stage thyroid cancer has better survival and prognosis after surgical treatment.

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PALABRAS CLAVE

Cáncer de tiroides;
Cáncer tiroideo
incidental;
Pronóstico

Carcinoma de tiroides incidental versus no incidental: presentación clínica, tratamiento quirúrgico y pronóstico

Resumen

Antecedentes y objetivo: El cáncer tiroideo puede manifestarse clínicamente por la presencia de un nódulo cervical, o constituir un hallazgo casual en el estudio histológico de la glándula extirpada con diagnóstico, a priori, benigno. El objetivo del presente estudio fue estudiar las diferencias clínicas, de manejo quirúrgico y curso evolutivo entre los tumores tiroideos incidentales y los tumores detectados clínicamente.

Material y métodos: Estudio retrospectivo de pacientes intervenidos por enfermedad tiroidea, ya fuese benigna o maligna, en el período comprendido entre enero de 2000 y marzo de 2014. De 1.415 pacientes que se sometieron a algún tipo de cirugía tiroidea se identificaron un total de 264 neoplasias, de las cuales 170 fueron incidentales. Se realizó comparación entre carcinomas incidentales versus no incidentales. Además, entre los incidentales se compararon los casos cuya indicación quirúrgica fue enfermedad de Graves frente a bocio multinodular.

Resultados: Los carcinomas incidentales presentaron estadios más precoces y requirieron cirugía menos agresiva. No se observaron diferencias en las complicaciones quirúrgicas entre ambos grupos, aunque tanto la mortalidad como las tasas de recidiva fueron notablemente mayores en el grupo de no incidentales (4,4% vs 0% y 13,2% vs 4,8% respectivamente). Los carcinomas desarrollados sobre enfermedad de Graves no mostraron diferencias respecto al resto de los tumores incidentales, respecto a complicaciones, mortalidad o recidiva tras la cirugía.

Conclusiones: El cáncer tiroideo en estadios iniciales presenta mayor supervivencia y mejor respuesta al tratamiento quirúrgico.

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Introduction

Incidental thyroid cancer is any malignancy of thyroid origin not detected by clinical examination or in preoperative imaging tests which is found in the pathological study of a surgical specimen excised for an initially benign condition (goiter or hyperthyroidism).^{1,2} A majority of these lesions are microcarcinomas (papillary tumors less than 1 cm in size, according to the definition of the World Health Organization [WHO]), although other types of carcinoma have been reported. The incidence of these lesions ranges from 3% to 16%, with some series reporting incidence rates of up to 25–26%.^{2,3}

Despite the benign course of most microcarcinomas, some studies emphasize the aggressiveness of even some small tumors, which causes the development of metastases, particularly in patients with Graves' disease and associated cancer.⁴

The purpose of this study was to determine the differences between incidental and clinically detected tumors in terms of their clinical signs and symptoms, surgical management, and course.

Patients and methods

A retrospective analysis was conducted of patients undergoing surgery for thyroid disease at the general surgery department of our hospital from January 2000 to March 2014. Data were collected from the pathological reports and the clinical history.

A total of 1415 patients undergoing some type of thyroid surgery were initially identified. Patients who underwent hemithyroidectomy in whom a histological study diagnosed a benign condition (299 patients) were excluded from the analysis. Patients who had undergone total thyroidectomy with a diagnosis of multinodular goiter (MNG), hyperthyroidism, or thyroid cancer were enrolled into the study. In patients with MNG, surgery was indicated based on the size or intrathoracic growth of the goiter, the compression of adjacent structures, or hyperthyroidism. Patients with hyperthyroidism due to Graves' disease (GD) underwent surgery because of their poor response to treatment with antithyroid drugs, the need for high doses of these drugs, or a recurrence upon treatment discontinuation.⁵ In non-incidentally tumors, a diagnosis of thyroid cancer was based

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