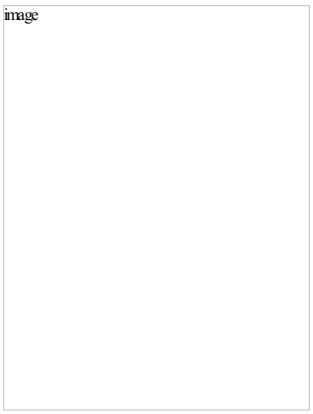

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Removal of thyroid remnant for cancer in the previously operated central neck

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Running title: Reoperative surgery for remnant recurrence/persistence in thyroid cancer

Abstract. Reoperative central neck dissection requires a concise set of steps to complete a comprehensive dissection of recurrent lymphadenopathy seen in thyroid cancer. The main considerations take into account the recurrent laryngeal nerve and the parathyroid glands. This chapter specifies those steps from a preoperative evaluation to the pearls during dissection to ensure a complete reoperative dissection that removes all residual thyroid tissue and lymphadenopathy while ensuring the best outcomes.

Keywords: Recurrence, persistence, thyroid cancer, reoperative resection, RLN, parathyroid

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Introduction:

Remnant thyroid tissue in the form of residual cancer left behind after an initial thyroidectomy can be a potential target in reoperative central neck dissection. The incidence of remnant thyroid tissue cancer persistence/recurrence (P/R) as compared to central neck persistence/recurrence (P/R) in the form of lymphadenopathy has not been well defined. In benign disease, the rates of P/R retrospectively evaluated have ranged from 8.4-33% when comparing total versus subtotal thyroidectomy (1, 2). In patients with papillary thyroid carcinoma, P/R rates over a lifetime can range from 20-30% (2). The rate of recurrence in medullary thyroid carcinoma is 5.4-50% (3, 4). For thyroid malignancies, recurrences localized to the cervical LN in 60-70% cases with the central compartment being the most frequently involved site (5). Local or thyroid parenchymal recurrence is most often at Berry's ligament where the surgeon may