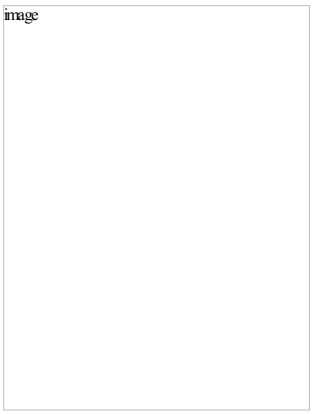

Revision central neck dissection

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Title: Revision Central Neck Dissection

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Abstract: Recurrent well differentiated thyroid cancer is an important problem and incidence is on the rise. Recurrence preferentially involves lymph nodes of the central and lateral neck. Detection and surveillance of such disease is commonly performed via serum thyroglobulin and high frequency neck ultrasonography. Management options include: active surveillance, local ablative techniques, RAI, external beam radiotherapy, and surgery. The gold standard of care is surgical removal in the form of comprehensive neck dissection. While revision surgery in the neck does carry increased risk, the use of well-established techniques can decrease this risk and allow surgeons to safely and effectively treat patients with recurrent neck disease.

Keywords: Recurrent thyroid cancer, thyroglobulin, ethanol, revision surgery, central neck dissection

Disclosures: The authors have nothing to disclose

Introduction

The incidence of well differentiated thyroid cancer (WDTC) has been increasing steadily over the past few decades, and in keeping with this, so has the rate of recurrent thyroid cancer. The diagnosis of recurrent disease is based on clinical, biochemical, or structural findings and has been enhanced by improvements in high resolution ultrasonography and high sensitivity thyroglobulin assays. Recurrent structural disease is classified as either locoregional in the central or lateral compartments of the neck, or as distant metastatic disease. Currently the significance of locoregional nodal recurrence, especially low volume disease, on morbidity and overall survival is not well established, but can present a challenge for both patient and physician alike in terms of management.