INTRODUCTION

Thyroid cancer in the pediatric population is an uncommon clinical entity, with approximately 2% of all thyroid cancer occurring in patients younger than 20 years.

Advances in thyroid surgery allow the thyroid gland to be removed through smaller incisions, resulting in better cosmesis, reduced operative dissection and the possibility of outpatient surgery. These factors may be of particular importance in a pediatric subset.

RESULTS

494 patients underwent thyroidectomy. Of these, 22 patients were under the age of 21.

- Mean incision length = 3.36 ± 0.94 cm
- Range 20-50mm
- 32% of patients had incisions <30 mm
- Nine pediatric pts (41%) had thyroid cancer
- 103 adult pts (21.9%) had thyroid cancer

Complications
- No hematomas
- No permanent TVC paralysis or permanent hypocalcemia.
- Two pediatric patients (9%) with temp. hypocalcemia requiring readmission

METHODS AND MATERIALS

Demographic parameters obtained on patients undergoing thyroid surgery by a single surgeon at the MCG Department of Otolaryngology from 2/03 to 5/08.

Data included:
- Age/Gender
- Incision length
- Cosmetic Result
- Pathology
- Duration of hospitalization (when applicable)
- Complications
- Hypocalcemia
- TVC palsy

CONCLUSIONS

Minimally invasive thyroid surgery has benefits over conventional thyroid surgery, particularly in a pediatric population. Among its many potential advantages, the social stigma of a large incision is reduced and preservation of tissue planes is improved.