Reoperative Thyroidectomy for Benign Thyroid Disease: The Case for Phasing out Subtotal Thyroidectomy

David J. Terris, M.D., Sunny S. Khichi B.S., Susan K. Anderson D.O., and Melanie W. Seybt M.D.
Department of Otolaryngology – Head and Neck Surgery
Medical College of Georgia

INTRODUCTION

Benign thyroid conditions sometimes require surgical intervention. While historically a subtotal thyroidectomy was considered appropriate management, delayed recurrence of disease necessitating reoperative thyroidectomy may introduce significant potential risk. We describe our experience with reoperative surgery for benign thyroid disease and recommendations for definitive primary management of benign thyroid conditions.

RESULTS

321 thyroid surgeries were performed during the study period. 45 of these were reoperative cases.

- 22 (49%) of these were due to a benign condition after primary surgery done elsewhere
- 100% were female
- Mean age = 52.5 ± 12.8 years
- None of the recurrences occurred in an operative bed previously treated with total thyroidectomy or lobectomy
- Interval between 1st and 2nd procedure = 8.5 years; range (1 to 43 years)
- One patient (4.5%) suffered transient hypoparathyroidism
- One patient suffered a PE on POD 4 requiring anticoagulation
- No permanent hypocalcemia or RLN paralysis

METHODS AND MATERIALS

Patients undergoing thyroid surgery by a single surgeon between 2/03 and 5/07 were assessed and demographic data obtained. Principal clinical parameters considered included:

- Patient age and gender
- Indications for primary and reoperative surgery
- Pathologic findings
- Interval between 1st and reoperative surgery
- Length of hospital stay
- Complications

CONCLUSIONS

While reoperative thyroidectomy can be performed safely in the hands of experienced surgeons, a thorough initial surgical procedure should obviate the need for exposure to this additional risk.