

CLASSIFICATION AND SURGICAL THERAPY OF THYROID CARCINOMA
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Summary:

Thyroid cancer ranges from well- differentiate lesions with excellent prognosis to anaplastic carcinoma which is almost uniformly fatal. Thus, methods to assess the behavior of thyroid malignancis are necessary to arrive at appropriate treatment decisions. We discuss the factors (TNM staging system; Staging of the disease; AGES, AMES and MACIS scoring system) that affect the prognosis of patients with thyroid cancer. 1009 patients underwent total thyroidectomy for thyroid cancer (papillary carcinoma 684, follicular carcinoma 233, medullary carcinoma 66 and anaplastic carcinoma 26) in the Center of Endocrine Surgery between January 1, 1987 and December 31, 2001. Morbidity is today's concern in thyroid surgery. Temporary and permanent paralisys of the recurrent laryngeal nerve rates were 2.0% and 1.3%. Temporary and permanent hypothyroidism rates were 6.7% and 1.1%. Our results represents that : a) Surgical treatment of thyroid cancer is initially only successful therapy, b) Total thyroidectomy is the treatment of choice for thyroid cancer, c) Precise operative technique diminishes the risk of postoperative complications, d) Risk of permanent complications after total thyroidectomy is acceptable in specialized institution

Key words : Thyroid carcinoma, Thyroidectomy, Recurrent nerve palsy, Hypothyroidism