

Can We Predict the Presence of Central Neck Nodal Metastasis in Patients with Papillary Thyroid Cancer?

Cord Sturgeon

ANALYSIS AND COMMENTARY

There is considerable controversy regarding the role of prophylactic central neck dissection in PTC. Some experts believe that prophylactic nodal dissection will reduce the central compartment recurrence rate and therefore they perform it routinely. Many reports have attempted to weigh the risks of prophylactic central neck dissection (specifically an increased risk of recurrent laryngeal-nerve injury and hypoparathyroidism) with the benefits of the reduction of central compartment metastases. Reoperative central neck dissection is believed to be more risky than a central neck dissection performed during the index operation for thyroid cancer. For all of these reasons, the limitation of central neck dissection to cases in which the probability of nodal metastases is highest is a meritorious goal. The criticisms of this study are that the authors did not discriminate between macroscopic and microscopic nodal metastases, which are believed to portend different clinical risks. In addition, the

preoperative sonographic detection of multifocality may not be possible in many cases. The sonographic evaluation of the thyroid focuses on the dominant or most suspicious lesions in the thyroid and may fail to describe smaller, less clinically relevant lesions. If the application of this nomogram could reduce the probability of missing clinically significant nodal metastases and limit the number of patients who have to face the added risks of central neck dissection (including revisional central neck dissection), then it will prove to be useful in clinical practice. A number of other nomograms exist to aid the thyroid surgeon, including those that predict postoperative hypocalcemia (1), predict the need for performing FNA of a thyroid nodule (2), predict malignancy in thyroid nodules (3), and predict the probability of death from thyroid cancer (4). All nomograms should be used as a supplement to clinical knowledge and not as a substitute for clinical judgment or common sense.

References

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