



## Advanced age does not increase morbidity after total thyroidectomy. Result of a prospective study

Submitted by Beatrice Guillaumat on Wed, 11/28/2018 - 16:54

Titre	Advanced age does not increase morbidity after total thyroidectomy. Result of a prospective study
Type de publication	Article de revue
Auteur	Christou, Niki [1], Blanchard, Claire [2], Pattou, François [3], Volteau, Christelle [4], Brunaud, Laurent [5], Hamy, Antoine [6], Dahan, Marcel [7], Prades, Jean-Michel [8], Landecy, Gérard [9], Dernis, Henri-Pierre [10], Lifante, Jean-Christophe [11], Sebag, Frédéric [12], Jegoux, Franck [13], Babin, Emmanuel [14], Bizon, Alain [15], Caillard, Cécile [16], Caillard, Muriel [17], Mirallié, Eric [18]
Editeur	Elsevier
Type	Article scientifique dans une revue à comité de lecture
Année	2018
Langue	Anglais
Date	24 Juillet 2018
Titre de la revue	The American journal of surgery
ISSN	1879-1883
Mots-clés	Age [19], Morbidity [20], Safety [21], Thyroidectomy [22]
Résumé en anglais	<p><b>BACKGROUND:</b> It is well known that total thyroidectomy is feasible on elderly patients but is linked to complications because of their underlying comorbidities. In this study we analyzed the specific risks linked to surgery, hypoparathyroidism and recurrent nerve palsy.</p> <p><b>METHODS:</b> materials-methods:Prospective, multicentre trial conducted at 13 hospital sites. The primary endpoint was the percentage of patients with postoperative hypocalcaemia (albumin-corrected serum calcium level &lt;2 mmol/L at day 2). Secondary endpoints included recurrent nerve palsy rate at day 2, the percentage of patients with hypocalcaemia (serum calcium level &lt;2 mmol/L) and recurrent nerve palsy at month 6, operating durations and postoperative pain. Patients were separated in two groups: &lt;70 years and ≥70 years old.</p> <p><b>RESULTS:</b> In total, 1329 patients who underwent total thyroidectomy were included (median age 51.17 years [18.10; 80.90], 80% women, and hyperthyroidism in 20%, 101 ≥ 70 years old). Rates of hypocalcaemia at day 2 and month 6 were 20.02% and 1.98% respectively. Nasofibroscopy showed postoperative abnormal vocal cord motility in 9.92% cases (hypo-motility 5.76% - immobility 4.16%) and 0.95% at month 6 (hypo-motility 0.48%, immobility 0.48%). Patients ≥70 years had a lower (but non-significant) postoperative and definitive hypocalcaemia rate than patients &lt; 70 years: 14.85% vs 20.44% at day 2 (p = 0.1773) and 0% vs 2.15% at month 6 respectively (p = 0.2557). Abnormal vocal cord motility rate was 12.00% in patients ≥70 years vs 9.75% in patients &lt;70 years at day 2 (p = 0.4702), and 2.06% in patients ≥70 years vs 0.86% at month 6 (p = 0.2340).</p> <p><b>CONCLUSIONS:</b> Total thyroidectomy in patients ≥70 years is feasible and safe. Age does not increase the morbidity. The study is registered with ClinicalTrials.gov number NCT01551914.</p>

URL de la notice <http://okina.univ-angers.fr/publications/ua18211> [23]  
DOI [10.1016/j.amjsurg.2018.07.029](https://doi.org/10.1016/j.amjsurg.2018.07.029) [24]  
Lien vers le document [https://www.americanjournalofsurgery.com/article/S0002-9610\(25\)\(18\)30599-3/fulltext](https://www.americanjournalofsurgery.com/article/S0002-9610(25)(18)30599-3/fulltext)  
Titre abrégé Am. J. Surg.  
Identifiant (ID) PubMed [30055804](https://pubmed.ncbi.nlm.nih.gov/30055804/) [26]

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## Liens

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- [23] <http://okina.univ-angers.fr/publications/ua18211>
- [24] <http://dx.doi.org/10.1016/j.amjsurg.2018.07.029>
- [25] [https://www.americanjournalofsurgery.com/article/S0002-9610\(25\)\(18\)30599-3/fulltext](https://www.americanjournalofsurgery.com/article/S0002-9610(25)(18)30599-3/fulltext)
- [26] <http://www.ncbi.nlm.nih.gov/pubmed/30055804?dopt=Abstract>

Publié sur *Okina* (<http://okina.univ-angers.fr>)