

137. COMPLETION THYROIDECTOMY, PART OF SURGICAL TREATMENT FOR THYROID CARCINOMA – EXPERIENCE OF 2ND DEPARTMENT OF SURGERY, EMERGENCY COUNTY HOSPITAL IN TIRGU MURES

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Introduction: Completion thyroidectomy is the surgery practiced in order to excise the residual thyroid tissue at patients who underwent isthmectomy or near-total thyroidectomy for a lesion considered initially benign. Completion thyroidectomy is indicated at short time post-operator after the final malignant histopathological examination result, or years away after first surgery because of benign or malignant relapses on residual thyroidian blunt. The objective of the study is to highlight the role of completion thyroidectomy in the surgical treatment of thyroid carcinoma.

Materials and methods: We conducted a retrospective study at the 2nd Department of Surgery, Emergency County Hospital in Tirgu Mures, during January 2011 and December 2015. During this period were performed 602 surgeries on thyroid gland, including 28 completion thyroidectomies. We analyzed data obtained according to: the surgery before completion thyroidectomy, histopathological diagnosis resulted from isthmectomy or near-total thyroidectomy, histopathological diagnosis resulted from completion thyroidectomy.

Discussion results: In the 28 cases for which completion thyroidectomy was practiced, final histopathology was: 21 cases of follicular variant of papillary thyroid carcinoma, 1 case of Wathin-like variant of papillary thyroid carcinoma, 3 cases of multifocal papillary thyroid cancer, 1 case of poorly differentiated carcinoma, 1 case of oncocytic variant of papillary thyroid cancer, 1 case of solid variant of papillary carcinoma with poorly differentiated carcinoma component. After completing the thyroidectomy, were revealed thyroid carcinoma lesions in 5 (17,85%) of the 28 thyroidectomies. Also, 9 of the 28 completion thyroidectomies were followed by lymphadenectomy, tumor metastases being present in one case.

Conclusion: Completion thyroidectomy is required as surgical treatment for patients with final malignant histopathology who underwent initially near-total thyroidectomy or isthmectomy.

Key Words: completion thyroidectomy thyroid cancer

138. STUDY REGARDING THE UTILISATION OF THE SF-LDQOL QUESTIONNAIRE IN THE CIRRHOTIC OPERATED PATIENTS QUALITY OF LIFE ASSESSMENT.

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