Aim of study. Differentiated thyroid carcinoma (DTC) is associated with the favorable survival and low recurrence rate. Prognostic factors include the age, gender, tumor size, involved lymph node stations and extra thyroid extension. Central or lateral cervical lymphadenopathy requires a lymphodissection, the volume of operation correlates with the data of preoperative examinations. It is an imperative (very important) to resolve the lymphatics during the primary surgical intervention. The role of the prophylactic central cervical dissection remains controversial, the risks outweigh the benefits. In the case of persisting disease or loco-regional recurrence, the initial recommended treatment is surgical intervention. The challenge of reintervention in DTC is the associated risks.
Materials and methods. Retrospective analysis of 18 cases in the first postoperative year from 2019-2022, with the volume of preoperative examinations performed before the first surgical intervention and early postoperative results after the repeated surgery.
Results. In 2 male patients (11%) with a mean age of 54.5 years and 16 female patients (89%) with a mean age of 52.25 years. In 10 (55.5%) cases, preoperative examinations were performed with the ultrasound (US) and Chest (lung) X-ray, in 3 (16.5%) cases with the ultrasound examination (US) and computed tomography (CT) scan with the intravenous contrast, in 3 (16, 5%) with the ultrasound examination (US) and CT scan without intravenous contrast. Fine needle aspiration (FNA) performed in 14 cases (78%). In 100% of cases, postoperative histopathological examination confirmed lymph node metastases and/or the recurrence in the remaining post thyroidectomy tissue.
Conclusions. Minimizing the risk of disease relapse and optimizing the treatment for patients with DTC, requires an adequate and thorough evaluation of the tumor extension. Lymphadenopathy disease is affecting the recurrence and survival. Preoperative cervical ultrasound examination is essential, but in the context of suspected secondary lesions, CT scan with contrast helps to determine the definite localization of the area of lesion.
Keywords. Differentiated thyroid cancer, lymphodissection, thyroid surgery, reoperations

REZECTIE MULTIVISCERALĂ PENTRU UN CAZ RAR DE TUMORĂ MALIGNĂ SUPRARENALIANĂ STÂNGĂ

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Vă prezentăm cazul unei femei în vârstă de 44 de ani cu o tumoră corticosuprarenală voluminoasă care a fost detectată la o examinare de rutină abdominala . Pacientul a fost operat în cadrul Secției de Chirurgie Generală. a Spitalului Clinic de Urgență București. Am efectuat ablația tumorii maligne mari a glandei suprarenale stângi cu nefrectomie stângă, splenectomie, colectomie segmentara de colon transvers și pancreatectomie parțială. Examenul histopatologic a relevat un carcinom corticosuprarenalian difuz. Cazul prezinta interes datorită incidenței scăzute a acestui tip de tumoră malignă și de asemenea datorită dimensiunilor impresionante ale acesteia ,avand diametrul maxim de 19 cm.

MULTIVISCERAL RESECTION FOR A RARE CASE OF MALIGNANT LEFT ADRENAL TUMOR

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We present the case of a 44-year-old woman with a bulky adrenocortical tumor that was detected during a routine abdominal examination. The patient was operated in the General Surgery Department of the Emergency Clinical Hospital Bucharest. We performed ablation of a large malignant tumor of the left adrenal gland with left nephrectomy, splenectomy, segmental colectomy of transverse colon and partial pancreatectomy. Histopathological examination revealed diffuse adrenocortical carcinoma. The case is of interest because of the low incidence of this type of malignancy and also because of its impressive size, with a maximum diameter of 19 cm.

GESTIONAREA TUMORILOR SUPRARENALE MARI PRIN ABORD TRANSPERITONEAL LATERAL

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Adrenalectomia laparoscopică (AL) pentru o formatiune mare ridica suspiciunea pentru malignitate. În datele din literatura se pare că AL este sigură și fezabilă pentru formatiuni mari atunci când este efectuată de chirurgi cu experiență adecvată. Tumorile mai mari de 10-12 cm par să puna dificultăți tehnice mai mari, timp de operare mai lung, pierderi de sânge crescute, mai multe complicații și potențial de malignitate cu invazia organelor adiacente. Scopul lucrarii este de a discuta capcanele chirurgicale in astfel de cazuri din literatură și, de asemenea, de a prezenta experiența noastră.

MANAGING LARGE ADRENAL TUMORS VIA LATERAL TRANSPERITONEAL APPROACH

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Laparoscopic adrenalectomy (LA) in large mass bears the concern for malignancy. Across the literature it seems that LA is safe and feasible in large masses when performed by adequately experienced surgeons. Tumors greater than 10-12 cm seem to have greater technical difficulty, longer operating time, increased blood loss, more complications, and potential for malignancy with adjacent organ involvement. The aim of the lecture is to discuss the surgical pitfalls in such cases as presented in literature and also present our experience.