Effectiveness evaluation of performing total thyroidectomy for benign multinodular goiters: Our experience

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Background: A Benign Multinodular Goiter (BMNG) is one of the most common endocrine surgical problems. The appropriate surgical procedure for its effective and safe management is a matter of debate. We report our clinical experience of performing Total Thyroidectomy (TT) for it, focusing on the outcome and complications to evaluate the efficacy.

Methods: The medical records of 407 patients who underwent TT for BMNG between 2008 and 2013 were reviewed retrospectively. We excluded patients with thyroid cancer or suspicion of thyroid malignancy. We evaluated indications for TT, complication rates, local recurrence rate and outcome after TT.

Results: The indications for TT were compression and or dislocation of the trachea in 265 (65.1%) patients, hyperthyroidism in 109 (26.8%) and cosmetic problems in others. The incidence of permanent bilateral recurrent laryngeal nerve palsy was 0% and that of permanent unilateral recurrent laryngeal nerve palsy was 0.2%, whereas the incidence of temporary unilateral recurrent laryngeal nerve palsy was 1.2%. Permanent hypocalcaemia occurred in 0.2% and overall temporary hypocalcaemia occurred in 6.6% of patients. Incidental thyroid carcinomas were found on histology in 11 (2.7%) patients. Hemorrhage requiring repeat surgery occurred in 0.2% of patients.

Conclusion: TT seems to be the optimal procedure of choice for BMNG, which has the advantages of immediate and permanent cure and no recurrences.

Biography

Ren Chongxi has graduated from Hebei Medical University and completed his MD from Qing Dao University School of Medicine. He is the Director of Department of General Surgery, a clinical college of integrated traditional chinese and western medicine of Hebei Medical University. He has published more than 20 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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