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Presurgical Stratification of Thyroid Nodules - Is it really Needed? Current Guidelines versus Real Life

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Abstract
Background: Thyroid surgery has various benign and malignant indications. A complete pre-surgical evaluation guides the selection of cases and determines the appropriate extent of the intervention. Minimizing the number of unneeded thyroidectomies could reduce hospitalization costs, as well as post-surgery complications and iatrogenic hypothyroidism. The aim of this study was to retrospectively evaluate the presenting reasons of patients admitted to the hospital for thyroid surgeries and to estimate the need of total thyroidectomies.
Methodology: The study included patients admitted in all three Surgical Departments in Timisoara Emergency County Hospital, between January 1st 2018 and December 31st 2019 (2 years).
Results: A number of 1036 thyroid surgeries had been performed in 1027 patients and were retrospectively analyzed, comparing the pre-surgical diagnosis with the pathology report. Suspicion of malignancy, compression or functional autonomy was described in 326 /824 total thyroidectomy cases. Cancer was detected in 338 out of the 1027 patients (32.92%), including 39 borderline lesions. A proportion of 80.7% were papillary thyroid cancers. The current presurgical evaluation generated a number of 475 cases displaying differences between the presurgical and postsurgical diagnostic. The phenomenon was observed both in total thyroidectomy and in lobectomy interventions: 22.8% of the lobectomies were diagnosed with thyroid cancer.
Conclusion: Our findings confirm that a reliable multidisciplinary approach with standardized presurgical clinical, biochemical and ultrasound evaluation is crucial in patients with indication for thyroid surgery, in order to avoid unnecessary surgeries.
Key words: thyroidectomy, thyroid nodules, thyroid cancer, fine-needle aspiration, overtreatment