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Hemithyroidectomy for Unilateral Thyroid Disease

Z. Ergül, M. Akinci, H. Kulacoglu
Department of General Surgery, Diskapi Teaching and Research Hospital, Ankara, Turkey

Abstract

Aim: To identify rates of recurrence and hypothyroidism after hemithyroidectomy for unilateral nodular thyroid diseases and its advantages over bilateral radical resections.

Methods: Fifty patients who underwent thyroid lobectomy with unilateral thyroid disease were included. Follow-up with thyroid function tests on the first month and then once every three months, as well as ultrasonography controls once a year were performed postoperatively. Recurrence, which was accepted as at least one nodule with a diameter of 5 mm on the remnant lobe, and the need for postoperative thyroxin therapy were analysed, along with the relation of both with preoperative medical therapy, histological results, numbers and diameters of thyroid nodules, follow-up duration.

Results: The incidence of recurrent disease after hemithyroidectomy was 12% after a mean follow-up time of 25.2 months (range, 10-43) while the incidence of clinical hypothyroidism which needs thyroxin therapy was 8%. Gender, age, substitutive and suppressive therapy before operation, histological evaluation, the presence of multiple nodules and diameter of nodules were predictive of neither recurrence nor postoperative thyroxin therapy.

Conclusion: Hemithyroidectomy for unilateral thyroid disease has a moderate rate of recurrence, low rates of hypothyroidism and rare postoperative complications, with short hospital stay.

Key words: benign thyroid disease, hemithyroidectomy, hypothyroidism, recurrence, thyroid gland

Corresponding author: Melih Akinci, MD
1424, Cadde 1435, Sokak 4/14, 06510, Cukurambar, Ankara, Turkey
E-mail: melihakinci@yahoo.com