

Indications for surgery in thyroiditis

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Abstract

Introduction: Inflammatory processes of the thyroid represents a main proportion of the gland's pathology but the majority of them are treated by medical methods, surgery being indicated.

Patients and methods: În 14 cases (3%) from 464 operations for different thyroid conditions we have encountered authentic inflammatory lesions în 9 cases of Hashimoto's thyroiditis (two associated with papillary thyroid carcinoma and one with malignant lymphoma), two cases of Riedel's thyroiditis and respectively de Quervain thyroiditis, tuberculous thyroiditis and actinomycosis one case each. The common lymphoplasmacytic infiltration în Basedow's disease was not considered likewise as the inflammatory nespecific lesions encountered în benign and malignant pathology of the gland. The clinical and imagistic data, biological evaluation and titer of anticorps but particularly the paraffine examination together with intra-operative estimations are decisive for the diagnosis.

Results and discussions: Firm diagnosis of thyroiditis was rarely affirmed before operation, surgical indication being formulated on clinical criterions dominated by cancer suspicion. Among these are diffuse or (multi)nodular thyromegaly with a dominant nodule with recent appearance and rapid growing în temporal and geographic proximity of Chernobyl disaster, with hard consistence, celsian or compressive features and adenopathy. More added the imagistic signs but especially suspect aspects of the FNAB (follicular or with Hürthle cells smears) and also of the frozen sections. Certainty diagnosis was established by paraffine examination not always without hesitations or reexamination (Hashimoto's thyroiditis diagnosed în one case was finally a malignant lymphoma). Large removal decided after intraoperative findings induced for the most of patients a definitive hypothyroidism.

Conclusion: All the diagnosis resources must be exhausted for the diagnosis of the inflammatory lesions of the thyroid to avoid unnecessary surgery. On the other side the chronic overstimulation by the TSH of the glandular tissue affected by the immune process, represent an important factor of producing neoplasia.

Key words: thyroiditis, autoimmunity, surgery

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