

Thyroid and Thymic Exeresis in Surgery of Hyperparathyroidism

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Abstract

Background: Owing to close anatomical and embryological connexions between the thyroid, parathyroids and thymus, manifold coexisting pathology can be identified during the surgery of hyperparathyroidism (Hp).

Material and Methods: In this retrospective study we report the incidence, clinical forms, histology and management of thyroid and thymic synchronous lesions encountered in a series of 82 consecutive patients with various types of Hp operated on in the last three decades. Demography, clinical records, biochemical data, imaging procedures, pathology reports and surgical protocols were revised.

Results: Between 1984-2013, 82 cases of Hp, 20 primary and 62 renal (27 secondary and 35 tertiary), 57 women and 25 males (sex ratio: 2.3/1) of 15-72 (mean 46.5) years, underwent surgery in our clinic. Concomitant thyroid exereses were performed in 32 patients (2 subtotal thyroidectomies, 12 lobectomies, 8 atypical resections and 10 diagnosis biopsies), for uni- or bilateral (multi)nodular goiters or different "minute" lesions. Pathology showed 11 colloid goiters, 3 follicular adenomas, 5 nodular hyperplasia and 6 thyroiditis cases, 3 papillary microcarcinomas and 4 specimens with normal thyroid tissue. Excision of the fibrofatty retromanubrial tissue in total parathyroidectomies for renal Hp (19 cases) revealed one nonmyastenic thymoma, one thymic cyst and thymic remnants in 6 patients. Morbidity in these extended operations was not significantly increased, comparing to the parathyroid exploration alone.

Discussions and Conclusions: Meticulous pre- and intraoperative evaluation in all cases of Hp enables the actual shift from bilateral neck exploration to minimally invasive surgery, increasing however the potential risk of missing thyroid or thymic coexistent significant lesions. The surgeon dedicated to this pathology must be aware of the possibility of encountering such synchronous association and make generous efforts towards their complete cure in a single operation.

Key words: hyperparathyroidism, thyroid, thymus, coexisting lesions

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