

Surgical management of advanced thyroid cancer

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Although advanced thyroid disease is associated with a worse prognosis and overall survival, the term advanced thyroid cancer is not well defined in literature. From the standpoint of head and neck surgeon it can be divided into two entities, one based on presence of locally advanced disease, and the other with regional and/or distant metastasis. Structures that can be infiltrated by locally advanced disease are located adjacent to the thyroid itself, infrahyoid muscle, RLN, larynx, trachea, oesophagus, internal jugular and carotid artery. Infiltrations of all these structures are classified as T4 stage, except for the infiltration of the infrahyoid musculature. Regionally advanced disease refers to the presence of metastases in regional lymph nodes. All of the patients with the presence of distant metastases should be considered advanced, regardless of local and regional status. In this lecture, we will review the specifics of surgical treatment of advanced well-differentiated thyroid cancer stages II to IV. We will try to give special emphasis to the controversies in the scope of pretreatment diagnostics and the extent of surgical treatment.

Key words: thyroid cancer, papillary thyroid cancer, advanced thyroid cancer