

Prophylactic Central-Lymph-Node Dissection in Patients With Papillary Thyroid Cancer Reduces the Need for Reoperation in the Central Compartment

ANALYSIS AND COMMENTARY ● ● ● ● ●

The debate about the benefit of prophylactic CLND in patients with stage 1 or 2 disease rages on. It should be noted that the current ATA guidelines do not recommend for or against prophylactic CLND in low-risk patients (1). Although the authors of this study recommend prophylactic CLND, the study is not definitive. The main reason for this is that it is a retrospective study in which there was no randomization. The patients who had CLND were from a more recent time, generally after 2002. The fact that group B had more vascular invasion could represent selection bias based on frozen section; there was no statement about this.

The main reason for not recommending prophylactic CLND is fear of unnecessary complications from

the procedure. Although there was more temporary hypocalcemia in group B, there was no difference in permanent hypocalcemia; this was attributed to routine parathyroid gland autotransplantation. There was no significant difference in rates of recurrent nerve injury between the two groups, possibly attributable to the fact that the operations were performed in tertiary-care centers by high-volume surgeons. The argument in favor of the prophylactic CLND is twofold. First, it is difficult to detect nodes in the central compartment by ultrasound (2). Second, there may be a benefit resulting from reduction of recurrence, as shown in this study. However, to settle this contentious matter, a prospective, randomized trial will be necessary.

— Jerome M. Hershman, MD

References

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2. Choi YJ, Yun JS, Kook SH, Jung EC, Park YL. Clinical and imaging assessment of cervical lymph node metastasis in papillary thyroid carcinomas. *World J Surg* 2010;34:1494-9.

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