

When subtotal thyroidectomy is not adequate!

*Oyemola A. A¹, Okunowo B. O¹, Fasanmade O. O¹, Olopade O. B¹, Odeniyi I. A^{1,2}, Fasanmade O. A^{1,2}

¹Endocrinology, Diabetes and Metabolism (EDM) Unit, Department of Medicine, Lagos University Teaching Hospital, ²College of Medicine, University of Lagos

Corresponding Author e mail: rotitobj@yahoo.com

Background:

Thyroid nodule could be classified as “hot” or “cold”. Diagnosis of thyroid malignancy on FNAC is rarely encountered in our clinical practice. Treatment for thyroid malignancies is total thyroidectomy and central neck dissection.

Aim: To highlight the problems associated with subtotal thyroidectomy as a treatment modality for thyroid nodule.

Case presentation:

Case 1: 31-year-old woman who presented at EDM clinic on referral from radiotherapy unit on account of three-month history of persistent diarrhoea. She has had SUBTOTAL THYROIDECTOMY at a tertiary health facility 1 year prior to presentation for the treatment of thyroid nodules. Histology report of thyroid tissue revealed medullary thyroid carcinoma (MTC). She is on levothyroxine (LT4). She has had chemotherapy and is waiting to have radiotherapy.

Examination revealed chronically ill looking, pale lady; Body Mass Index of 13.15kg/m². Anterior neck swelling, hard, with micro infiltration on the skin. She had enlarged, submandibular and anterior cervical lymph nodes. Investigations revealed markedly elevated Calcitonin, hyponatraemia, hypokalaemia, and

normal thyroid function test.

Case 2: 28-year-old woman who presented at Surgery outpatient clinic (SOP) with three-year history of anterior neck swelling. Fine needle aspiration cytology (FNAC) was done with finding of follicular lesion suspicious for malignancy. Patient had a subtotal thyroidectomy done at a private hospital. Histology revealed MTC. She had total thyroidectomy done and commenced on LT4 and referred to EDM clinic to achieve thyroid hormone control during pregnancy.

Conclusion: Not all thyroid nodules or tumours are innocent. It is therefore advisable for total thyroidectomy to be preferred above subtotal thyroidectomy so as to avoid a recurrent growth and or missed malignancy.

Keywords: thyroid nodules, thyroidectomy, medullary thyroid Carcinoma, levothyroxine