



Case Report

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Thyroid Papillary Cancer Reports

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Abstract

Objectives: To investigate the causes of presentations, thyroidectomy types, and pathologies, of the patients who presented to the general surgery committee outpatient clinic of the hospital to receive a health committee report in 2017, 2018, 2019, 2020, and 2023 in which the pandemic ended and if they received radioactive iodine.

Methods: The patients presenting to the hospital were asked if they had any operation related to the general surgery. The Epicrisis, short operation notes, and pathology results of the patients with thyroidectomy were investigated to see if they were available.

Results: A total of twenty-four patients with papillary thyroid carcinoma undergoing surgery have been presented to the general surgery committee outpatient clinic. Fourteen of them were females and ten of them were males. The distribution of reasons for the presentation of fourteen female patients was as follows: eleven disability status reports, one disability report, one certificate of exemption from special consumption tax (CESCT), and one procedural health check report. The distribution of reasons for the presentation of ten male patients was as follows: Five disability status reports (DSR), one certificate of exemption from special consumption tax (CESCT), one disability report, and one certificate of exemption from military service. The most common site for tumor localization in both female and male patients with papillary thyroid carcinoma was observed to be the right lobe of the gland.

Conclusions: It was observed that patients with papillary thyroid carcinoma undergoing surgery presented at most to receive a disability status report.

Keywords

Outpatient clinic, Papillary thyroid cancer, Disability report

Introduction and Objectives

To investigate the causes of presentations, thyroidectomy types, and pathologies, of the patients who presented to the general surgery committee outpatient clinic of the hospital to receive a health committee report in 2017, 2018, 2019, 2020, and 2023 in which the pandemic ended and if they received radioactive iodine.

Methods

The patients presenting to the hospital were asked if they had any operation related to the general surgery. The Epicrisis, short operation notes, and pathology results of the patients with thyroidectomy were investigated to see if they were available. The research project, was approved four April 12th 2023 by Clinical Researches Ethics Committee of S.B. İstanbul Medeniyet University Göztepe Research and Training Hospital. The approval number is 2023/250. This study was a retrospective study, patient approval and informed consent weren't requested by the ethic committee.

Results

A total of twenty-four patients with papillary thyroid carcinoma undergoing surgery have been presented to the general surgery committee outpatient clinic. Fourteen of them were females and ten of them were males.

The distribution of reports which were the reasons for the presentation of fourteen female patients was as follows: Eleven disability status reports, one disability report, one certificate of exemption from special consumption tax (CESCT), and one procedural health check report (Table 1 and Figure 1).

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Table 1: The types of the reports of female patients.

	n (%)
DSR	11 (78.7)
Disability	1 (7.1)
CESCT	1 (7.1)
Procedural health check report	1 (7.1)

Table 2: The types of reports of male patients.

	n (%)
DSR	5 (50.0)
CESCT	3 (30.0)
Disability	1 (10.0)
Procedural health check report	1 (10.0)

Table 6: The distribution of the patients undergoing central lymph node dissection.

Gender		n (%)
Gender	Male	1 (50.0)
	Female	1 (50.0)

Table 3: The site for the thyroid carcinoma localization in female patients.

Thyroid Carcinoma Localization Site		n (%)
Thyroid Carcinoma Localization Site	Right lobe	7 (50.0)
	Left lobe	3 (21.4)
	Multicentric	3 (21.4)
	Isthmus	1 (7.2)

Table 4: The site for the thyroid carcinoma localization in male patients.

Thyroid Carcinoma Localization Site		n (%)
Thyroid Carcinoma Localization Site	Right lobe	6 (60.0)
	Left lobe	2 (20.0)
	Multicentric	2 (20.0)

Table 5: The distribution of the patients receiving radioactive iodine therapy.

Gender		n (%)
Gender	Male	3 (75.0)
	Female	1 (25.0)

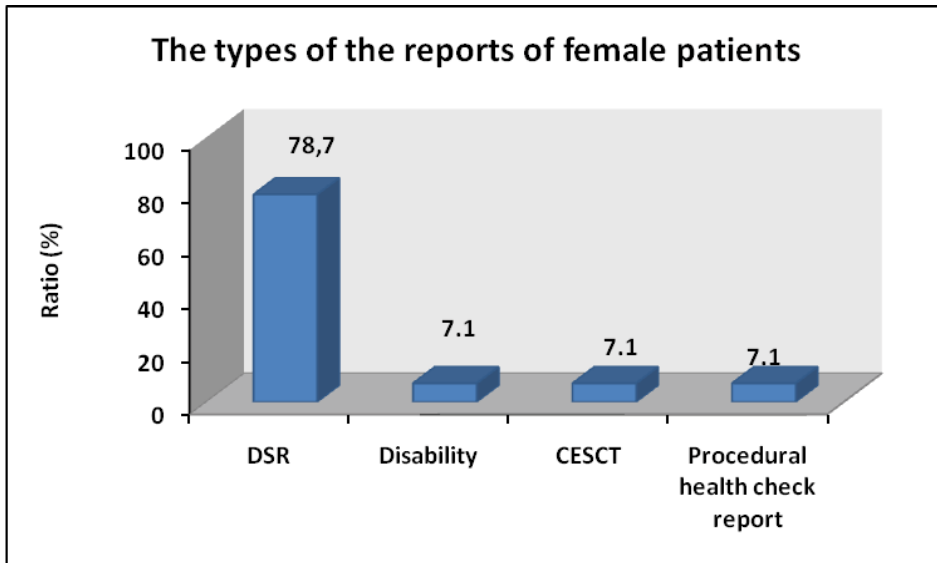


Figure 1: The types of the reports of female patients.

The distribution of reports which were the reasons for the presentation of ten male patients was as follows: Five disability status reports (DSR), three certificates of exemption from special consumption tax (CESCT), one disability report, and one certificate of exemption from military service (Table 2 and Figure 2).

The type of thyroidectomy of fourteen female and ten male patients was total thyroidectomy. While the mean age of the female patients was 42.1 years, the mean age of the male patients was 47.9 years. The distribution of the site for the tumor localization in female patients was as follows: Seven right lobes, three left lobes, three multicentric localizations,

and one isthmus (Table 3 and Figure 3).

The distribution of the site for the tumor localization in male patients was as follows: Six right lobes, two left lobes, and two multicentric localizations (Table 4 and Figure 4).

One female patient and three male patients received radioactive iodine therapy (Table 5 and Figure 5).

One female and one male patient had undergone central lymph node dissection among a total of twenty-four patients with total thyroidectomy due to papillary thyroid carcinoma (Table 6 and Figure 6).

There were a total of four patients including three female

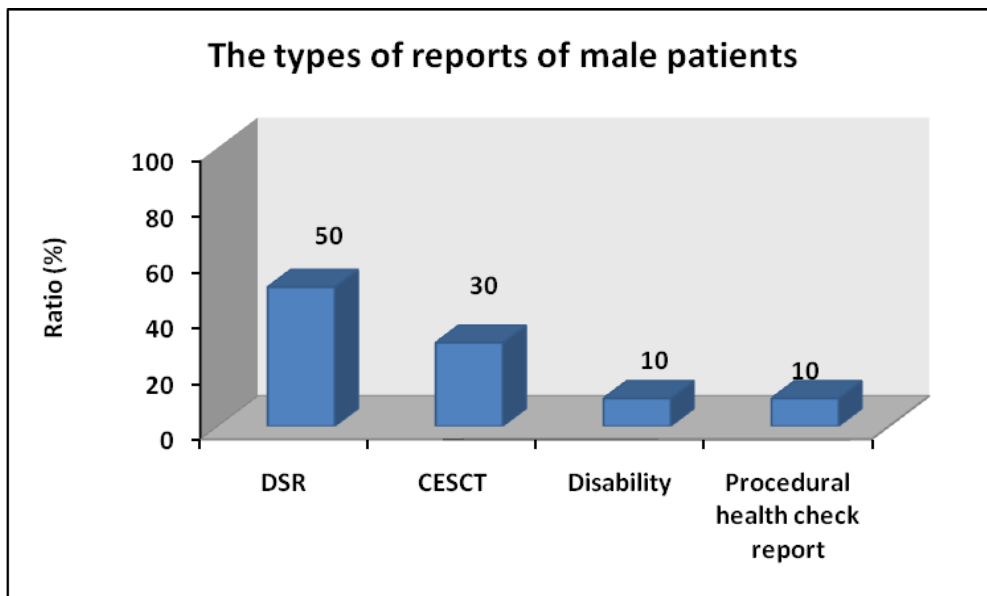


Figure 2: The types of reports of male patients.

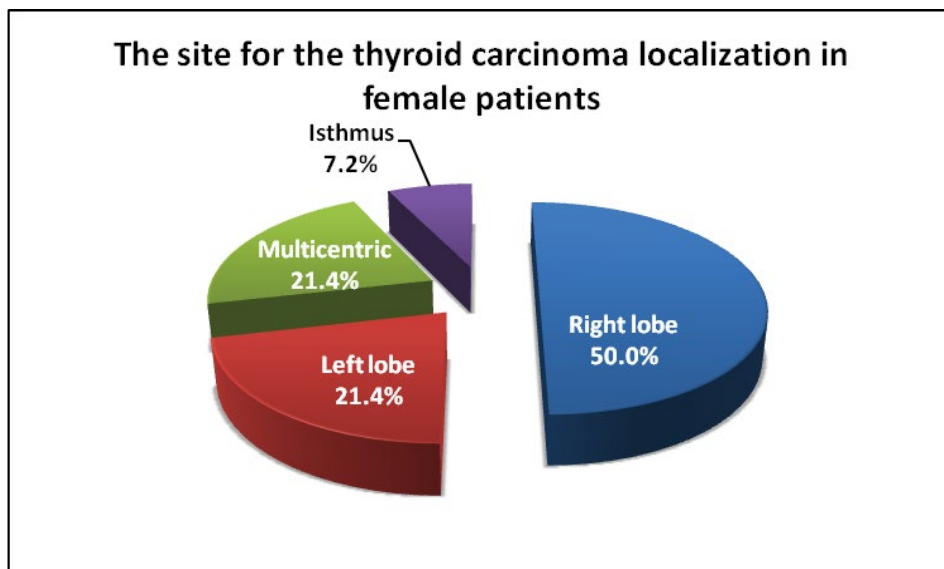


Figure 3: The site for the thyroid carcinoma localization in female patients.

and one male patient with papillary thyroid microcarcinoma among a total of twenty-four patients with papillary thyroid carcinoma.

Comorbidities in the patients with papillary thyroid carcinoma were as follows: Hypertension in one patient, diabetes mellitus in three patients, COPD in two patients, sliding hernia in one patient, nephrolithiasis in one patient, hyperlipidemia in one patient, gastritis in four patients, Hodgkin lymphoma in one patient, and lung carcinoma in one patient. Comorbid surgeries were as follows: Appendectomy in one patient, cervical disc hernia surgery in one patient, lumbar disc hernia surgery in one patient, mastectomy due to breast carcinoma in two patients, pituitary adenoma surgery in one patient, cholecystectomy in three patients, and varicose vein surgery in one patient.

Discussion

Disability is defined as the loss of an individual's physical, cognitive, mental, emotional, or social abilities at a certain level, consequently meeting difficulties in adapting to social life and satisfying daily needs. When it is scrutinized socially, disability is a subject involving not only the individual but also all people living in the surrounding environment. As all people living in the surrounding environment, disabled individuals should also get the help they need in all areas they live.

It is expected that approximately 43.720 new cases of thyroid carcinoma will occur in 2023 in the United States of America, 12.540 of them will be male patients and 31.180 of them will be female patients. Consequently, it is estimated that 2.120 deaths will occur due to thyroid carcinoma in the

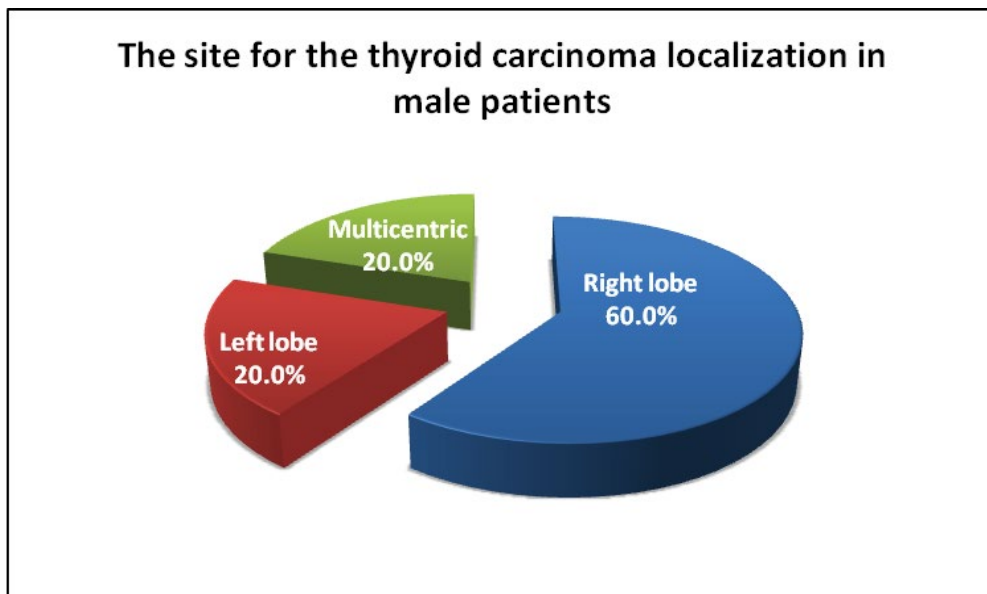


Figure 4: The site for the thyroid carcinoma localization in male patients.

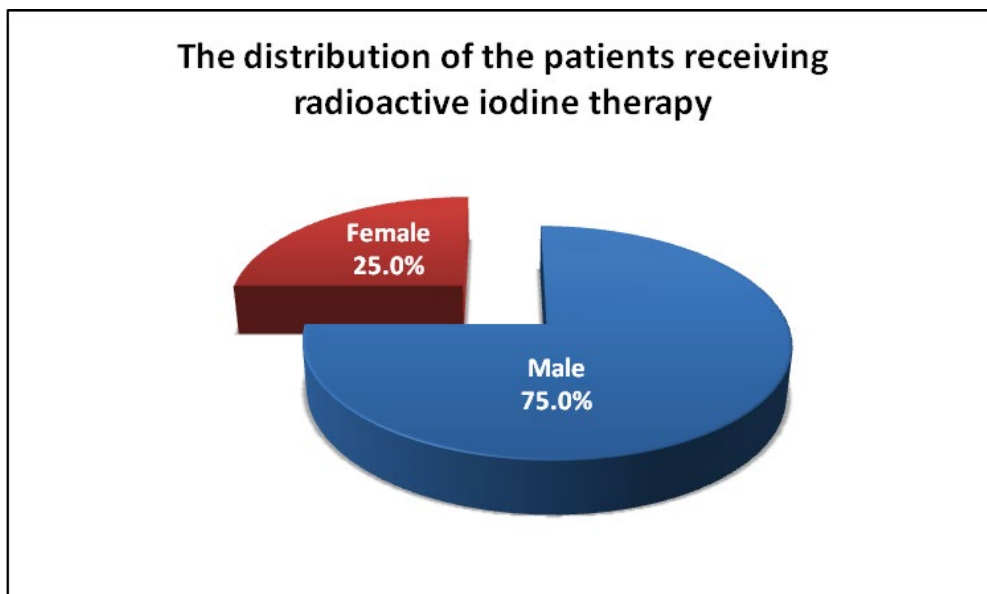


Figure 5: The distribution of the patients receiving radioactive iodine therapy.

same year, and it is predicted that 970 of them will be male and 1.150 of them will be females [1].

The most commonly encountered type of thyroid carcinoma is papillary thyroid carcinoma and the long-term survival is over 90% or higher [2]. Papillary thyroid carcinoma is the sixth most common cancer in females [3]. Currently, papillary thyroid carcinomas namely papillary thyroid carcinomas ≤ 10 cm, were demonstrated to account for 50% of recent thyroid cancer series, and active surveillance was performed in a selected group of these patients [4,5].

In consequence of the need for continuous use of hormone-replacement therapy due to permanent hypothyroidism and TSH suppression in patients undergoing total thyroidectomy

due to papillary thyroid carcinoma, the need for continuous follow-up with serum Tg, anti-Tg antibody (TgAb), and neck ultrasound (US) due to the risk for development of probable recurrence, a disability condition occurs in the patients [6]. Many patients undergoing total thyroidectomy due to papillary thyroid carcinoma present to the general surgery committee outpatient clinic to receive a health committee report to make use of the given rights to them to eliminate the losses. In this study, twenty-four patients with detailed epicrisis, and the pathology results out of forty patients presenting to the general surgery committee outpatient clinic were investigated. The remaining sixteen patients were excluded from the study.

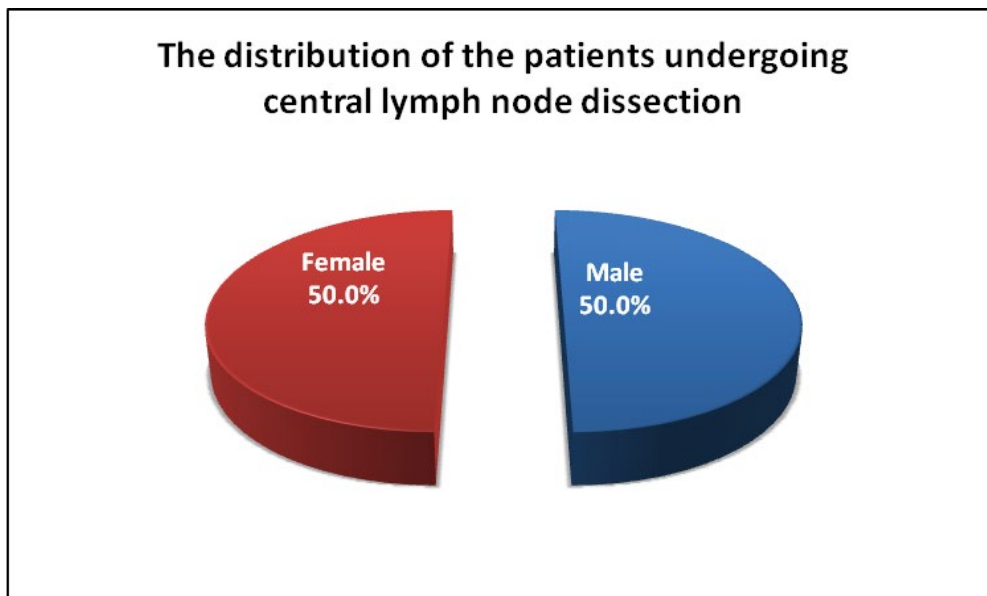


Figure 6: The distribution of the patients undergoing central lymph node dissection.

It was observed in this study that the female patients presented to the general surgery committee outpatient clinic much more, and the most common site for tumor localization was the right lobe both in males and females. It is known that the patients with papillary thyroid carcinoma and papillary thyroid microcarcinoma were higher in female patients than in male patients [7]. In this study, the number of patients with positive pathology results of papillary thyroid microcarcinoma was higher in female patients than in male patients. Due to both the risk of probable risk for development of a secondary tumor following RAI therapy and the cost of therapy reaching 5000-8000 USD, careful use is in question. In this study, when the patients were compared regarding the need for radioactive iodine therapy, the number of male patients was higher than that of female patients [8]. When the reason for the presentation was investigated, receiving a disability status report involving the rights of receiving the disability pension, benefiting from tax reduction, and getting a disabled identity card was in first place both in female and male patients.

The interesting one of the reasons for the presentation for receiving a health committee report was receiving a certificate of exemption from military service by a male undergoing surgery due to papillary thyroid carcinoma. In our country, males undergoing surgery due to papillary thyroid carcinoma are exempted from military service. There is almost no publication in the literature related to individuals who want to receive a health committee report due to disability developing following surgery due to papillary thyroid carcinoma.

The disablement score is given as a percentage (%) by the health committee after the evaluation of the patient. Regardless of the type, the patients with mastectomy were scored as 10 points by the general surgery department; as 60 points in Stage 1-2 remission (up to the 5th year after remission), 40 points in Stage 1-2 remission (later than the 5th year after remission), and 80 points in the advanced-stage

malignant tumor without remission or in treatment phase from the oncology department.

The assessment by the general surgery department and nuclear medicine department was performed based on the following scoring system and additional scoring was performed for the comorbidities: 60 points in Stage 1-2 remission (up to the 5th year after remission), 40 points in Stage 1-2 remission (later than the 5th year after remission), 40 points in Stage 3-4 remission, and 80 points in the advanced-stage (Stage 3-4) malignant tumor without remission or at the treatment phase.

Conclusion

Although papillary thyroid carcinoma is a disease that can be considered a disease with a very good prognosis, as the number of female patients was higher than the males, the patients presented to receive a health committee report to take advantage of the rights given to them to fulfill the socioeconomic problems due to morbidities generally caused by the disease. These reports were principally disability status reports and sometimes to receive a health committee report aiming of being retired due to disability by leaving the active job with comorbidities. Patients who underwent mastectomy for breast cancer applied for the most disability status report, while patients who underwent total gastrectomy for stomach cancer applied for the most special consumption tax (SCT) exemption report. In the same period, patients who had renal transplantation applied for a disability status report at the highest rate, while patients who had liver transplantation applied for a disability retirement report at the highest rate, and one of the liver transplant patients underwent transplantation due to hepatocellular carcinoma.

Conflict of Interest

There is no conflict of interest.

Financial Support

There is no financial support.

Ethical Approval Statement

The research project, was approved four April 12th 2023 by Clinical Researches Ethics Committee of S.B. İstanbul Medeniyet University Göztepe Research and Training Hospital. The approval number is 2023/250. This study was a retrospective study, patient approval and informed consent weren't requested by the ethic committee.

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