Optimal surgical extent of neck dissection for papillary thyroid carcinoma with lateral compartment lymph node metastasis

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ABSTRACT

Background: To analyze the patterns and factors of lateral lymph node metastasis in papillary thyroid carcinoma (PTC). Methods: From January 2000 to December 2009, the patient group consisted of 86 patients who had PTC with lateral compartment neck dissection. The surgical extent of neck dissection was decided based on the extent of the primary tumor. Results: 86 patients underwent 100 lateral compartment neck dissection for PTC patients with lateral cervical lymph node metastasis. Usually, therapeutic neck dissection is performed in patient with positive lateral compartment lymph node, but occasionally it has been found to have little relationship to survival, it is one of the significant factors for skip metastasis. Historically, the management of cervical lymph nodes varies from conservative to radical neck dissection. Nowadays most surgeons prefer the compartmental approach except when dealing with the spinal accessory nerve, internal jugular vein, and the sternocleidomastoid muscle. Conclusion: In PTC patients with lateral nodal metastasis, total lymph node dissection generally involves central and lateral compartment neck dissection concomitant total thyroidectomy and undergone therapeutic neck dissection of lateral and central compartment lymph node metastasis. Based on this, we suggest the optimal surgical extent of neck dissection should include lateral and central compartment neck dissection for PTC patients with lateral cervical lymph node metastasis.