Il trattamento di N

Punto di vista del chirurgo

R. CONSALICI

U.O. ORL, Ospedale Maggiore, Bologna

TERMINOLOGIA: i livelli linfonodali del collo

2002

Neck Dissection Classification Update

Revisions Proposed by the American Head and Neck Society and the American Academy of Otolaryngology–Head and Neck Surgery

K. Thomas Robbins, MD; Garry Clayman, MD; Paul A. Levine, MD; Jesus Medina, MD; Roy Sessions, MD; Ashok Shaha, MD; Peter Som, MD; Gregory T. Wolf, MD; and the Committee for Head and Neck Surgery and Oncology, American Academy of Otolaryngology–Head and Neck Surgery

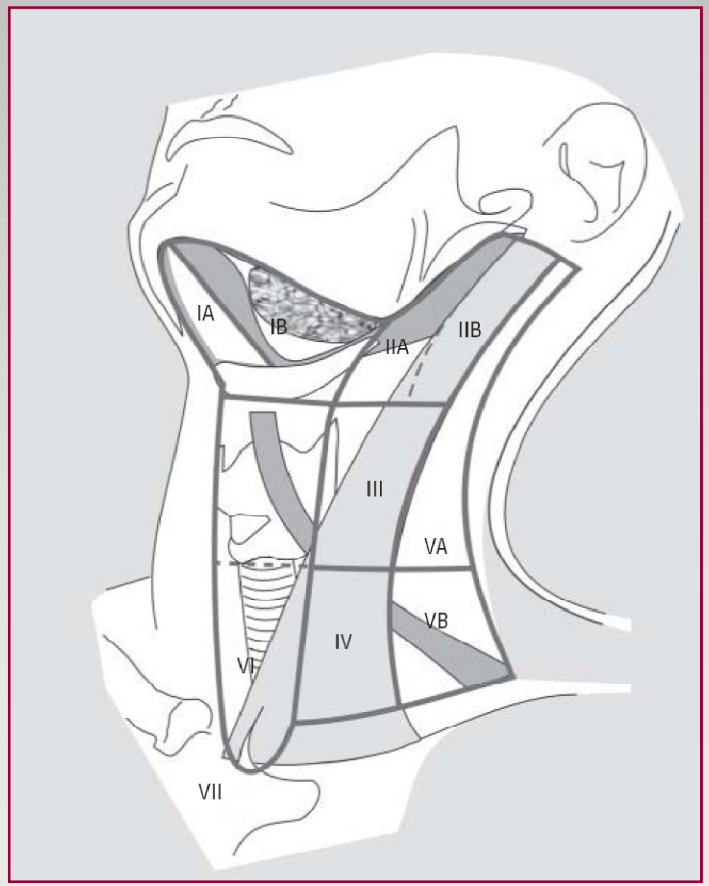
ARCH OTOLARYNGOL HEAD NECK SURG/ VOL 128, JULY 2002

Consensus Statement on the Classification and Terminology of Neck Dissection

K. Thomas Robbins, MD; Ashok R. Shaha, MD; Jesus E. Medina, MD; Joseph A. Califano, MD; Gregory T. Wolf, MD; Alfio Ferlito, MD; Peter M. Som, MD; Terry A. Day, MD; for the Committee for Neck Dissection Classification, American Head and Neck Society

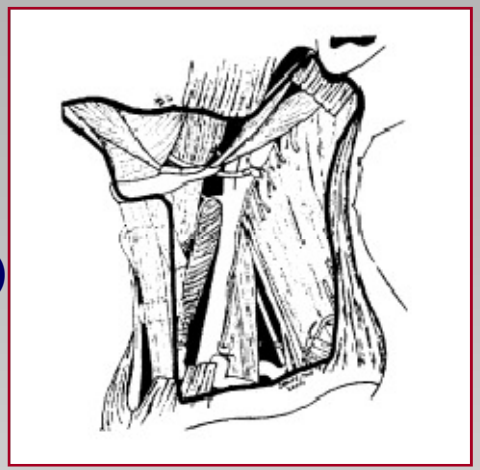
Arch Otolaryngol Head Neck Surg. 2008;134(5):536-538

2008



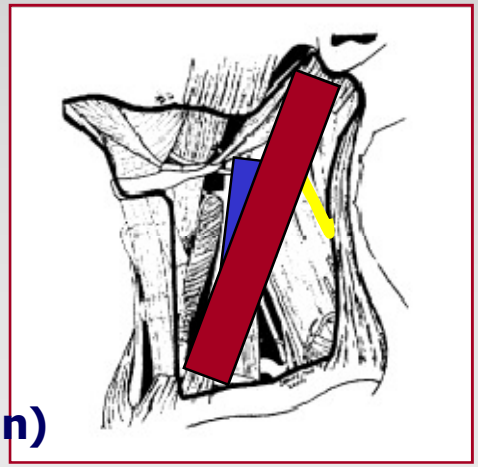
TERMINOLOGIA:
la chirurgia dei linfonodi del collo

Svuotamento radicale
(RND: Radical Neck Dissection)



Sacrificio di:
- v. giugulare interna
- n. accessorio spinale
- m. sternocleidomastoideo

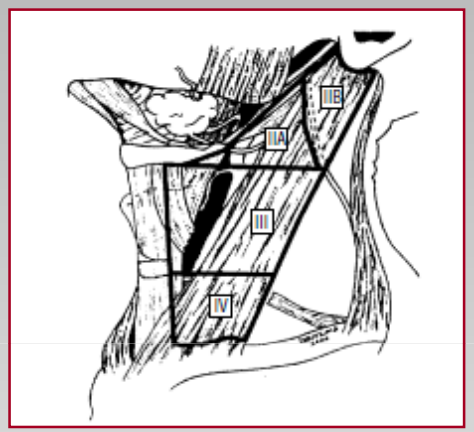
Svuotamento radicale modificato
(MRND:
Modified Radical Neck Dissection)

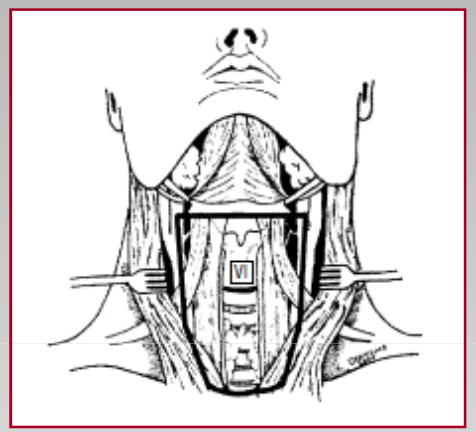


Risparmio di almeno una delle seguenti strutture:
- v. giugulare interna
- n. accessorio spinale
- m. sternocleidomastoideo

TERMINOLOGIA:
la chirurgia dei linfonodi del collo

Svuotamento selettivo





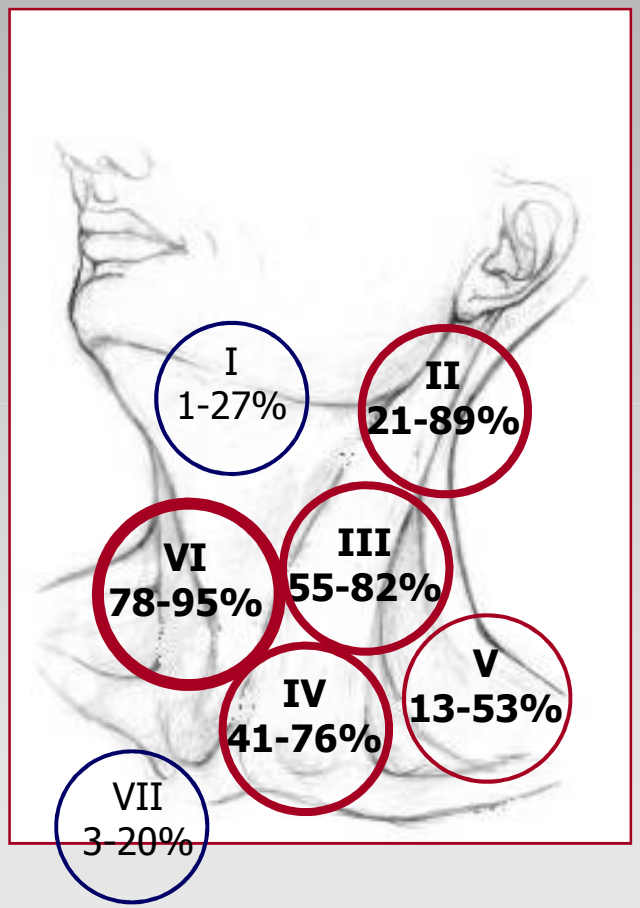
Limitato ad alcuni dei 6 livelli

Linfoadenectomia = "berry picking"

≠

svuotamento selettivo

Pattern di interessamento linfonodale



Koo et al, 2009

Lee et al, 2008

Yanir et al, 2008

Roh et al, 2008

Kupferman et al, 2008

Khafif et al, 2008

Lee et al, 2007

Kupferman et al, 2004

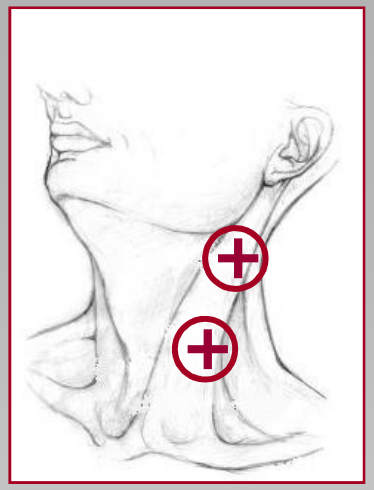
Pingpank et al, 2002

Machens et al, 2002

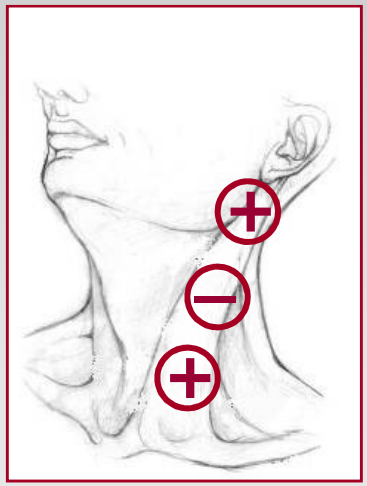
Gimm et al, 1998

Frequente l'interessamento multilivello: 61 – 82%

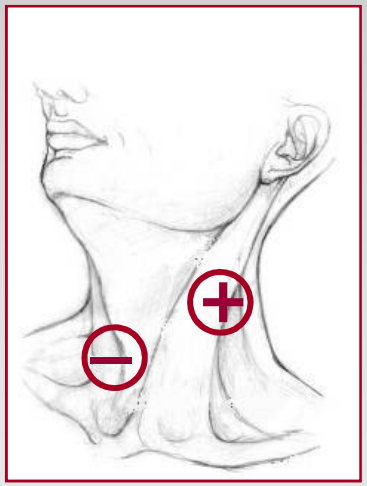
(Koo et al, 2009; Roh et al, 2008; Lee te al, 2007; Kupferman et al, 2004; Pingpank et al, 2002)



"Skip metastases"



6-18%



9-45%

(Machens et al, 2009; Roh et al, 2008; Lee et al, 2007; Pingpank et al, 2002; Gimm et al, 1998)

Casi N+

Comune accordo sulla necessità di chirurgia sull'N

Finalità:

- ✓ controllo regionale → prevenzione dei reinterventi
- ✓ definizione della prognosi
- ✓ miglioramento dell'efficacia del radioiodio
- ✓ facilitazione del follow up con monitoraggio della Tg

Casi N+: quale tipo di chirurgia?

Il "berry picking" non è considerato dai più una modalità idonea per il primo trattamento

Svuotamento linfonodale orientato per compartimenti

Il "berry picking" è ammesso per il trattamento di recidive su un compartimento già sottoposto a svuotamento

Il sacrificio di strutture extralinfatiche non è eseguito neppure in caso di adenopatie voluminose, salvo che in presenza di franca infiltrazione

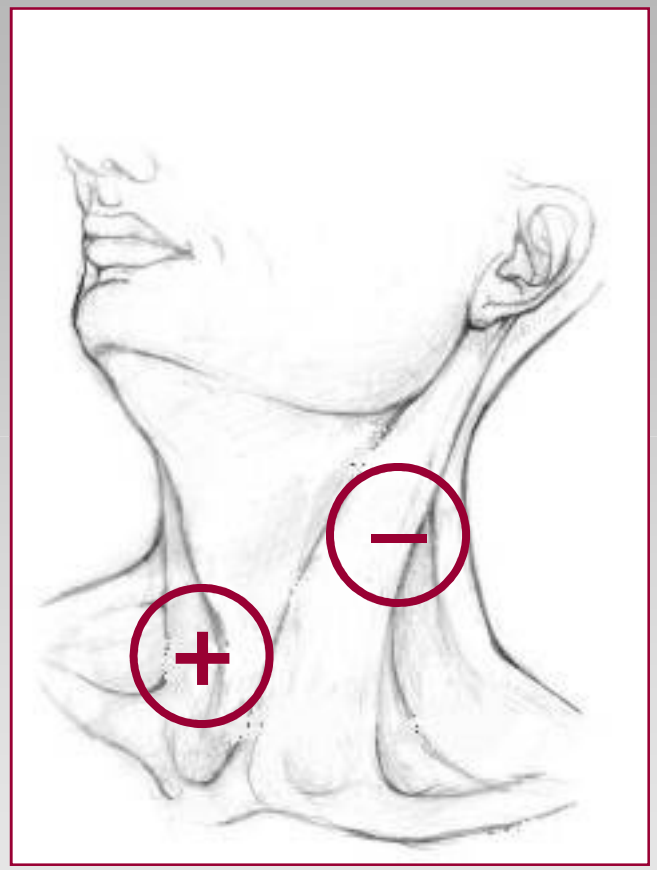
Svuotamento dei livelli clinicamente interessati + quali altri?

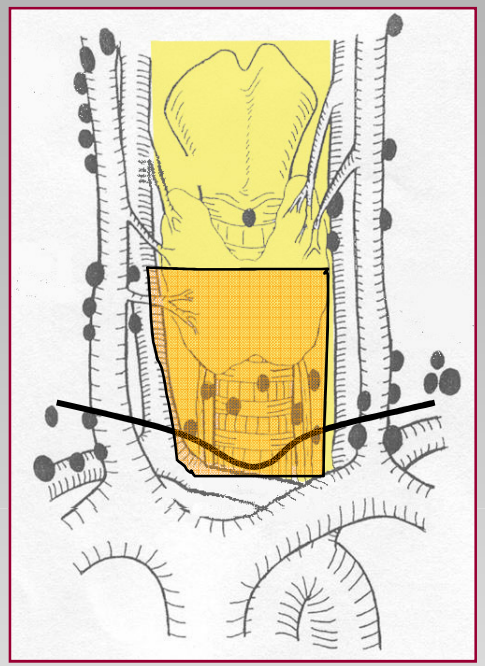
The Laryngoscope
Lippincott Williams & Wilkins

Papillary Thyroid Cancer: Controversies in the Management of Neck Metastasis

H. Carter Davidson, MD, PhD; Brian J. Park, MD, MPH; Jonas T. Johnson, MD

Scenario 1

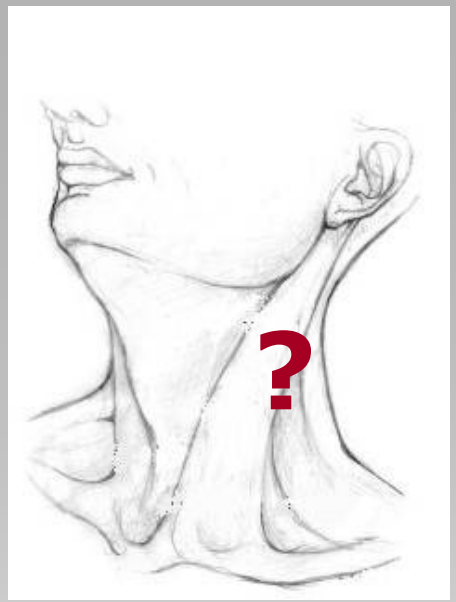




Svuotamento del VI e VII livello per via cervicale

(Shaha, 1998; Shindo, 1996)

*** Lo split sternale non è in genere richiesto, se non in presenza di evidenti adenopatie voluminose o poste al di sotto dei vasi anonimi**



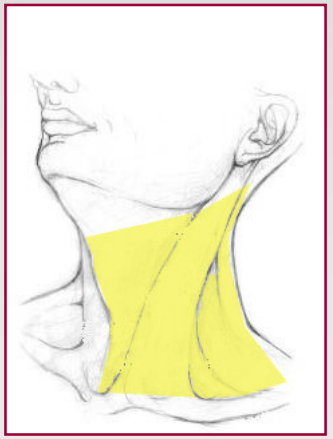
Svuotamento laterale concomitante in genere non eseguito

Lymph node dissection in the lateral neck for completion in central node-positive papillary thyroid cancer

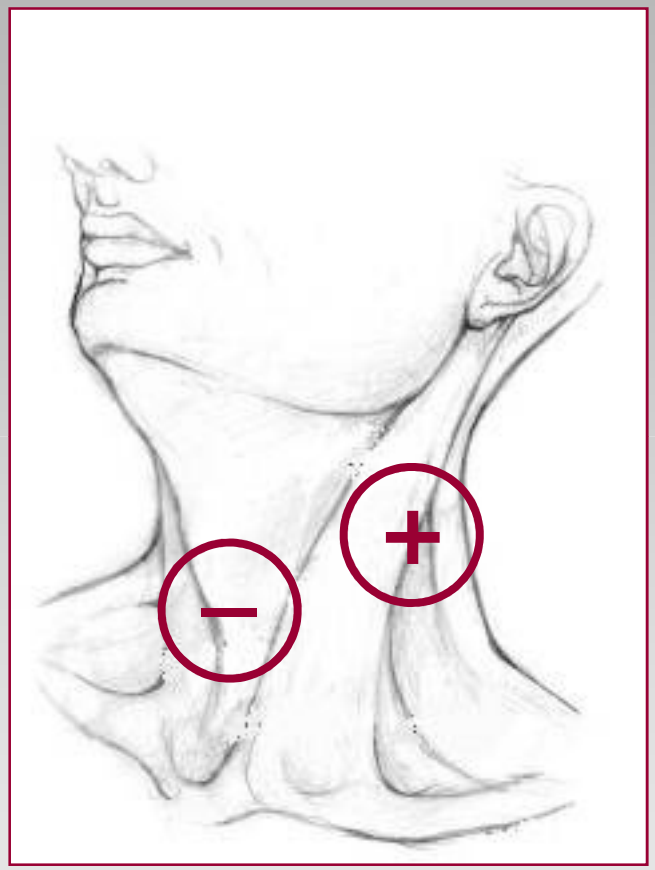
Andreas Machens, MD,[a] Steffen Hauptmann, MD,[b] *and* Henning Dralle, MD,[a] *Halle, Germany*

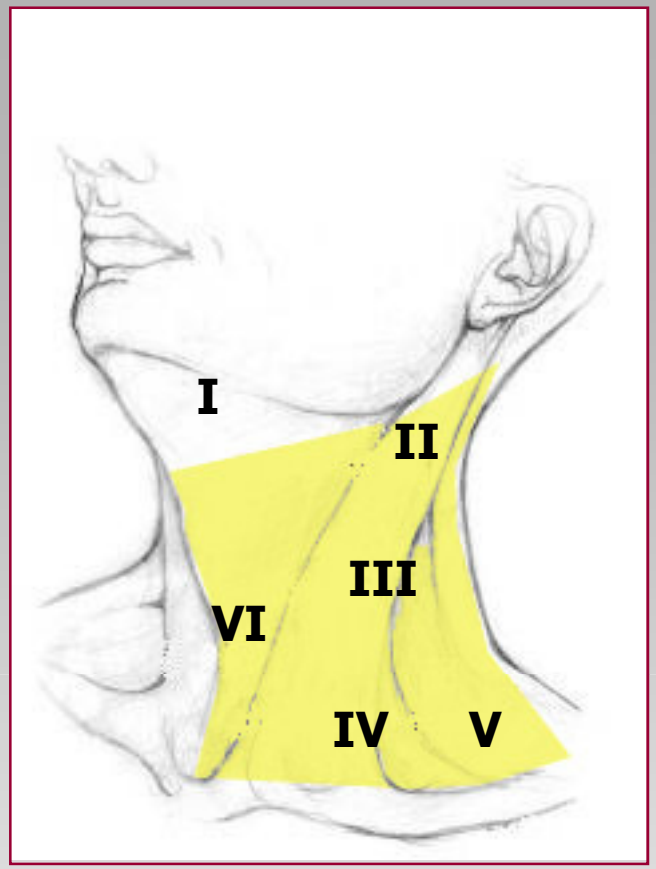
Surgery
February 2009

>5 linfonodi centrali +



Scenario 2

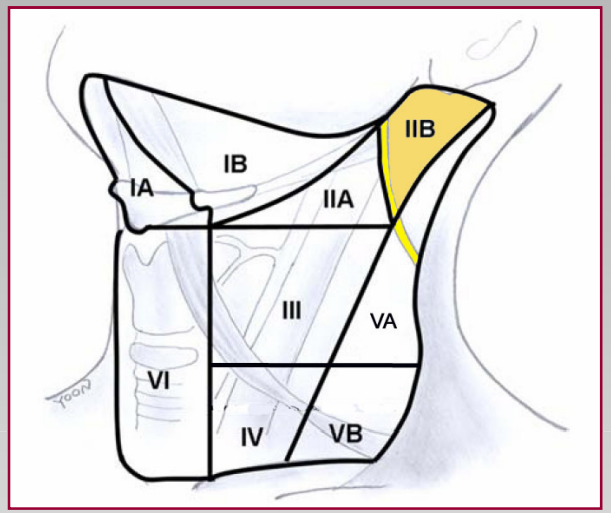




Svuotamento selettivo II-V + svuotamento VI

(86% di metastasi occulte al VI livello associate, *Roh et al, 2007***)**

Yanir et al, 2008; Kupferman et al, 2008; Pingpank et al, 2002



2008

Ann Surg Oncol
DOI 10.1245/s10434-009-0367-y

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

ORIGINAL ARTICLE – HEAD AND NECK ONCOLOGY

Predictive Factors of Level IIb Lymph Node Metastasis in Patients with Papillary Thyroid Carcinoma

Bon Seok Koo, MD[1], Yeo-Hoon Yoon, MD[1], Jin-Man Kim, MD[2], Eun Chang Choi, MD[3], and Young Chang Lim, MD[3,4]

World J Surg (2008) 32:716–721
DOI 10.1007/s00268-007-9381-z

Is Level IIb Lymph Node Dissection Always Necessary in N1b Papillary Thyroid Carcinoma Patients?

Jandee Lee · Tae-Yon Sung · Kee-Hyun Nam · Woung Youn Chung · Euy-Young Soh · Cheong Soo Park

ORIGINAL ARTICLE

Level IIb Lymph Node Metastasis in Neck Dissection for Papillary Thyroid Carcinoma

Byung-Joo Lee, MD, PhD; Soo-Geun Wang, MD, PhD; Jin-Choon Lee, MD, PhD; Seok-Man Son, MD, PhD; In-Ju Kim, MD, PhD; Yong-Ki Kim, MD, PhD

ARCH OTOLARYNGOL HEAD NECK SURG/VOL 133 (NO. 10), OCT 2007

Svuotamento del livello IIb solo in caso di interessamento del IIa o di estese metastasi multilivello?

Complicanze degli svuotamenti centrali

LESIONI RICORRENZIALI *PERMANENTI*

IPOPARATIROIDISMO *PERMANENTE*

- ***devascolarizzazione***
- ***rimozione accidentale***

Tiroidectomia 1-2%

Tiroidectomia 1-2%

Tiroidectomia + svuotamento centrale 0-5,7%

Tiroidectomia + svuotamento centrale 0-14,3%

Reintervento per recidiva sul comparto centrale 0-25%

Reintervento per recidiva sul comparto centrale 0-22%

Central Lymph Node Dissection in Differentiated Thyroid Cancer

World J Surg (2007) 31: 895–904

Matthew L. White, MD,[1,2] Paul G. Gauger, MD,[1] Gerard M. Doherty, MD[1]

Methods: Systematic review of the literature using evidence-based criteria.

Does Central Lymph Node Dissection Increase the Risk of Permanent Hypoparathyroidism and Permanent Nerve Injury?

Conclusion

Considering these data, there may be a higher rate of permanent hypoparathyroidism and unintentional permanent nerve injury when CLND is performed with total thyroidectomy than for total thyroidectomy alone (grade C recommendation).

Does Reoperation in the Central Neck Compartment for Recurrent PTC Increase the Risk of Hypoparathyroidism and Recurrent Laryngeal Nerve Injury?

Conclusion

In summary, reoperation in the central neck compartment for recurrent PTC may increase the risk of hypoparathyroidism and unintentional nerve injury when compared with total thyroidectomy with or without CLND (grade C recommendation), supporting a more aggressive initial operation.

COMPLICANZE DEGLI SVUOTAMENTI LATEROCERVICALI

- ✓**Lesione del n. accessorio spinale**
- ✓**Lesioni dei grossi vasi**
- ✓**Lesione del dotto toracico (svuotamento sin)**
- ✓**Altre lesioni nervose:**
  - **ramo marginalis del n. facciale**
  - **n. ipoglosso**
  - **n. vago**
  - **n. frenico**
  - **plesso brachiale**
  - **simpatico (s. di Claude-Bernard-Horner)**