Letter to the Editor

In Response to “Does the Intraoperative Nerve Monitoring Reliably Aid in Staging of Total Thyroidectomies?”

Dear Editor:

We recently reviewed the article entitled “Does the intraoperative nerve monitoring reliably aid in staging of total thyroidectomies?” by Fontenat et al. with great interest. We think staging thyroid surgery seems to be inordinate, especially in advanced thyroid cancer when the intraoperative nerve monitoring (IONM) shows signal drop on the initial side, except in benign or early and unilateral malignancy. In this study,

1. IONM correctly had predicted a postoperative vocal paresis (limited mobility) on the initial side of dissection (IONM signal drop less than 100%) in five patients: These patients usually had normal respiration couple with a simultaneous thyroidectomy if the contralateral recurrent laryngeal nerve (RLN) was not injured. They might have no or only mild airway obstruction2 even if the contralateral RLN was injured. Therefore, we think that a staged thyroidectomy is inordinate, especially in advanced thyroid cancer, unless in multiple nontoxic goiter patients.

2. IONM correctly had predicted a postoperative, and consequently a permanent, vocal paralysis (complete immobility) on the initial side (IONM signal drop showed 100%) in one patient: This patient may have variable airway obstruction with variable contralateral vocal neuropathy. This observation period seemed futile because the permanent fixed cord had been unchangeably given, and the contralateral thyroidectomy was usually demanded and still assumed the same risk of bilateral vocal neurogenic paralysis (BVNP) in the subsequent staging surgery, especially in advanced thyroid cancer. We think that counseling for need of a tracheostomy or preparing for urgent reintubation should be done at the initial surgery.

3. IONM inappropriately had predicted a postoperative vocal paralysis on the initial side (IONM signal drop showed 100%) in two vocal paresis patients, and even incorrectly in two normal patients: These false-positive signals inappropriately had guided the surgical decisions in various thyroid diseases.

We believe that the recommendation of staged thyroidectomies when loss of IONM signals arising has been guided by excessive fear of airway obstruction and unawareness of the reversibility of the uncommon suture lateralization (SL) procedure. In fact, the glottic lumen in the early phase of BVNP usually showed glottic insufficiency with no or mild dyspnea.2 The vocal cords gradually approached each other during the following 6 months3 because of the Bernoulli effect, cricothyroid muscle activation,4–6 and preferential regeneration.7 Therefore, emergent airway usually develops gradually if it occurs. And the tracheostomy, if necessary, usually had been performed secondarily in as low as 19% of BVNP patients.8,9 The reversible SL procedure affords just a temporary, or permanent, if necessary, role in the secondary management9 and serves as an viable alternative.

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BIBLIOGRAPHY

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