LETTER TO THE EDITOR
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Reply to the Letter to the Editor regarding “Significance and management of incidentally diagnosed metastatic papillary thyroid carcinoma in cervical lymph nodes in neck dissection specimens”

Masayuki and colleagues report their experience with the finding of incidental metastatic thyroid carcinoma in regional lymph nodes in 4/153 patients undergoing esophagectomy with regional lymph node dissection, a common practice in Japan for esophageal cancer. Three patients had papillary carcinoma, and one had follicular carcinoma. Only one patient had a small thyroid nodule detected on ultrasound of the thyroid gland. Two of the four patients had no thyroid surgery, and two had total thyroidectomy with discovery of subcentimeter microcarcinomas. All patients have remained free of thyroid cancer recurrence.

The findings of these authors and their management strategy was similar to what we reported in our larger study of 26 patients with mucosal head and neck cancers undergoing neck dissection, in whom incidental metastatic papillary carcinoma was discovered in lymph nodes of the neck dissection specimen. Their conclusions underscore what we recommended for management of these patients. The recommendations are:

1. All patients in whom incidental metastatic thyroid cancer is discovered in the specimen of neck dissection done for other cancers should have a ultrasound of the thyroid gland performed in the postoperative period.1

2. If a significant thyroid primary (>1 cm) is found in the thyroid gland, then thyroidectomy should be considered at a convenient time, depending on the overall management of the index cancer for which a neck dissection was done.

3. If no thyroid abnormalities are seen on the ultrasound, then thyroidectomy is not recommended.

4. If a subcentimeter thyroid primary/nodule is seen on ultrasound, then the benefits and risks of thyroid surgery should be weighed against the overall prognosis of the index cancer for which the neck dissection was done.

5. Active surveillance of subcentimeter nodules is acceptable and preferred, since none of the patients managed in that manner had recurrence of thyroid cancer or mortality from thyroid cancer.

Our observations and recommendations for management of such patients with head and neck cancer are now supported by similar findings and outcomes in patients with esophageal cancer.

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