Incidence of difficult intubation in thyroid gland surgery

KEYWORDS: Thyroidectomy; Intubation, Intratracheal

Background: Difficult intubation (DI) occurs in 1% to 3% in general population, and unsuccessful intubation in 0.04%. DI may cause a lot of undesirable effects during prolonged intubation period, including lethal outcome. The aim of the study was to establish the incidence of DI in thyroid gland surgery and to compare the incidence of DI to predicted DI due to different DI screening tests.

Methods: Prospective study included 2000 patients which underwent thyroid gland surgery in Center for endocrine gland surgery, Clinical Center of Serbia, Belgrade during 1999-2001. 436 of them were thyroid carcinomas (525 were nodal goiter, 671 polynodal goiter and 368 hyperthyrosis; 1705 female, 295 men, average age 48.1 year. According to ASA classification (American Society of Anaesthesiologist's classification for correnlation between co-existing diseases and perioperative complications) there were 866 ASA I, 901 ASA II and 213 ASA III. We used Mallampathi classes, Wilson criteria and Cormack-Lehane (CL) criteria to predict DI, and CL criteria to define DI. The complications during DI were analyzed and the ratio of DI to predicted DI was established.

Results: There were 110 DI - 84 women, 26 men. Considering diagnosis there were T24, P24, H22. ASA III were 9.38%, ASAII 5.77, ASAIV 4.28%. There were 3 unsuccessful intubations. Complications during DI were noted in 32 patients. Ratio between expected DI and ASAII, and unexpected DI and ASAIII were: 12.77% failed positive and 0.45% failed negative results.

Conclusion: Incidence of DI in thyroid gland surgery is twice more in men than in women. Screening tests for prediction DI showed higher specificity than sensitivity.

Combined chemotherapy and irradiation in anaplastic thyroid carcinoma

KEYWORDS: Thyroid Neoplasms; Carcinoma; Radiotherapy; Antineoplastic Combined Chemotherapy Protocols

Background: Anaplastic thyroid carcinoma (ATC) is a very rare and extremely aggressive cancer; patients death usually occurs rapidly after diagnosis, with a mean survival of six months in the majority of individual research series. Treatment of ATC ranges from surgery, radiotherapy, chemotherapy, or a combination of these regimes. Yet, the optimal sequence of treatment modalities has not been established.

Methods: From 1997 to 2002 six consecutive patients with a histological diagnosis of ATC were treated with combined chemotherapy and irradiation at our Clinic for Oncology, Clinical Center Niš. Five of these patients were females and 1 male, aged between 28 and 71 years (mean age: 57 years). None of them had distant metastases at the time of diagnosis. Extradiparotid extension was present in 3 patients, with invasion into skin and hypoderm. Treatment consisted of doxorubicin 60 mg/m² plus cisplatin 60 mg/m² every three weeks. Total doses ranged between 138-375 mg/m² for doxorubicin and 183-380 mg/m² for cisplatin. External beam radiation to the neck was administered, at a daily dose of 1.2 Gy, up to total doses ranging between 45-60 Gy.

Results: One patient achieved a complete response (CR) and one patient achieved a partial response (PR). Three patients had stable disease. One patient with CR progressed during follow-up and died 18 months from bone and brain metastases. The treatment was moderately well tolerated, although all patients experienced some mild form of toxicity; neutropenia occurred in all patients, but none of them required hospital admission. Median survival was 8 months (range: 4-18 months).

Conclusion: We concluded that the present regimen produces meaningful responses for patients with localized ATC. A randomized study is needed to determine the effect on survival.