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INTRODUCTION

➤ Reoperative surgery for thyroid disease is indicated in case of recurrent uni or multinodular goiter when there is compression or in the suspicion of malignancy and in some cases of recurrent thyrotoxicosis.

➤ Reoperative thyroid surgery is associated with increased morbidity due to scar tissue which makes it more difficult to avoid injury to the recurrent laryngeal nerve (RLN) or the vascular pedicle of the parathyroid gland. Although fine-needle aspiration cytology (FNAC) is simple, safe and non-invasive, it can lead to conflicting results in the reoperated patients for thyroid disease.

➤ Studies have already documented a significantly higher morbidity rate in reoperative thyroid surgery compared with initial surgery.

➤ We aimed to investigate the demographic features and operation indications in re-operated patients for thyroid surgery.

METHODS

➤ Thirty-six patients reoperated for thyroid surgery between 2008 - 2011 were included into the study. Demographic features, indications of reoperation and histopathological results of patients were evaluated retrospectively.

RESULTS

➤ After reoperative thyroidectomy, the results of histopathological evaluation of 24 patients were malignant (19 papillary thyroid carcinomas, 3 follicular thyroid carcinomas, 1 Hurthle cell neoplasm and 1 neoplasm with undetermined malignant potential) while 12 patients were benign. Operation indications and the histopathological results were shown in the table.

➤ Nodules with malignant histopathology, 45.5% had microcalcifications, 40.9% had macrocalcifications.

Table. Reoperation indications and histopathological results of the patients

	Malignant (n=24)	Benign (n=12)
Giant nodule	5	6
Toxic multinodular goitre	1	2
CYTOLOGY		
Cellular adenomatoid nodule	2	1
Malignant	5	
Suspicious for malignancy	2	
Suspicious for follicular neoplasm	2	
Suspicious for Hurthle cell neoplasm	1	
Atypia of undetermined significance	1	
Follicular lesion of undetermined significance	2	1
≥2 Non-diagnostic cytology	3	2

CONCLUSION

➤ Thyroid surgery may lead to regional scars and some degree of fibrotic process. This may result in problems in collecting thyroid FNAC samples and assessing cellular abnormalities.

➤ Our study findings demonstrated that histopathological evaluation of 14 patients whose cytological results showed no malignancy, was consistent with malignancy.

➤ Therefore, we think it is crucial that in these group of patients operation indication is not only carry out with the FNAC results but also patients symptoms and ultrasonographic features must take into consideration.

