

Abstract citation ID: bvac150.1680

Thyroid

PSAT281

Crico-tracheal Resection with End-to-End Anastomosis for Locally Advanced Thyroid Cancer: A Case Series of Early Postoperative Outcomes of a Low-Income Country from Latin America

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Introduction: Tracheal invasion is a poor prognostic factor in patients with aggressive thyroid cancer. Crico-tracheal resection and primary anastomosis (CTRA) is the preferred surgical technique. Appropriate resection can improve early postoperative outcomes and long-term oncological outcomes. A recent systematic review of eastern literature showed a moderate rate of postoperative complications. However, there is a paucity of data regarding early postoperative complications in Latin America. Therefore, the aim of this report is to describe the early postoperative outcomes of three patients with thyroid cancer invading the trachea who underwent CTRA in two tertiary referral centers (1 public and 1 private) in a low-income country.

Clinical Cases: There were 2 females (F1: 53 y, F2: 55 y) and 1 male (M1: 53 y) patients from Ecuador. Patient F1

had follicular variant of papillary thyroid cancer (PTC) and was operated on in the public center and patients F2 and M1 had classic variant of PTC. Neck CT and perioperative flexible endoscopy were performed for airway invasion assessment. All patients underwent total thyroidectomy with circumferential CTRA. Patient F1 had a right lobe thyroid tumor with intraluminal invasion of the 5th tracheal ring up to the cricoid cartilage, the recurrent laryngeal nerve (RLN) and common carotid artery, and bilateral central neck lymph node metastasis. She underwent bilateral central neck dissection, carotid shaving, and RLN resection. Patient F2 showed an enlarged, multinodular thyroid invading the 4th up to the 1st tracheal ring, without luminal compromise. There was no invasion to other structures. Patient M1 had a right lobe thyroid tumor, with intraluminal invasion of the 4th tracheal ring up to the cricoid cartilage and invasion of the RLN. He underwent RLN resection. Patient F1 and M1 were classified as Shin IV and patient F2, Shin III. Regarding the 30-day postoperative complications, patient F1 had tracheostomy infection on day 5, tracheal dehiscence and anastomotic dehiscence that caused massive bleeding, cardiorespiratory failure and death on day 8. Patient M1 only presented mild bleeding through the tracheostomy tube on day 1, non-compressive cervical hematoma on day 2, and was discharged on day 5. Patient F2 had no complications and was discharged on day 3. The last 2 patients were decanulated successfully at the 2-week follow-up and received adjuvant radioactive iodine.

Conclusions: CTRA seems to be a safe procedure with moderate postoperative complications, low mortality, and zero tracheotomy-dependency rates in patients operated in Ecuador. Our results are similar to those described in the international literature. Further studies are needed to confirm these results and draw robust conclusions.

Presentation: Saturday, June 11, 2022 1:00 p.m. - 3:00 p.m.