

Editorial

Advanced concepts in the surgical management of thyroid and parathyroid disease



Thyroid and parathyroid surgery continues to evolve all over the globe. This came as a result of an improvement in imaging techniques and accessibility to healthcare. The vast majority of these procedures is performed by the hands of low volume surgeons, and subsequently leads to more frequent complications compared to high-volume surgeons especially when dealing with oncological conditions that mandate management of neck lymph nodes. On the other hand, the neck scar that resulted from thyroid and parathyroid surgery started to present itself as a morbidity among some patients. As a consequence, remote-access thyroid surgery techniques emerged since 2000. Transoral endoscopic thyroid and parathyroid surgery via the vestibular approach is considered the most recent remote-access and truly scarless thyroid technique with more than 1000 reported cases all over the world.

In this special issue, leading experts from all over the world review updates related to the surgical management of different thyroid disorders. A key focus of this special issue is the transoral endoscopic thyroid and parathyroid surgery technique as well as the technique of nodal surgery in patients with thyroid cancer. Additionally, radiofrequency ablation of benign thyroid nodules is presented as an alternate method of intervention when surgery is otherwise being considered.

In transoral thyroid surgery, the endoscopic technique is by far the most commonly used compared to the robotic technique. The latter, employs a fourth cutaneous incision in the axilla for counter-traction as well as retrieval of the specimen. Dr. HoonYub Kim and his team as a leading transoral robotic thyroidectomy (TORT) surgeon reviews

the pros and cons of this additional axillary scar. Further, Razavi et al review the importance of performing surgeon performed ultrasound prior to transoral endoscopic thyroidectomy vestibular approach (TOETVA). Duenas et al focus the light on the timing of completion thyroidectomy for optimal outcome. For the transoral endoscopic parathyroidectomy vestibular approach (TOEPVA), Ranganath et al provide a framework in order to appropriately select patients for this technique in order to maximize success. They also review unusual locations of lymph node metastasis in differentiated thyroid cancer (DTC) to reduce the incidence of persistent disease after initial neck dissection. Dionigi et al review the role of PET-CT if you have recurrent or persistent thyroid cancer. Furthermore, Khafif et al review central neck dissection and whether you need to include level 6 all the way to its superior border. Lastly, Rangel et al discuss the novel technique of radiofrequency ablation (RFA) of benign thyroid nodules as an option to avoid surgery in select cases. In this special issue we hope these topics will help bridge the gap related to transoral thyroid surgery, nodal surgery in thyroid cancer as well as radiofrequency ablation of benign thyroid nodules. We welcome any feedback and look forward to working with our colleagues to ensure dissemination of up to date knowledge to those who are interested.

Declaration of Competing Interest

Dr. Ralph P. Tufano is a paid consultant by Medtronic and Hemostatix.

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19 March 2020

Peer review under responsibility of Chinese Medical Association.



<https://doi.org/10.1016/j.wjorl.2020.03.003>

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