

# Management of Retropharyngeal Node Metastases from Thyroid Carcinoma

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We read with interest the article titled, ‘Management of retropharyngeal node metastases from thyroid carcinoma’ by Hartl et al. [1]. We congratulate the authors on addressing the issue of Retropharyngeal lymph node metastasis in thyroid cancer in the era of PET scan, with the advent of which there has been an increase in the incidence of detection of recurrences and also there is an increasing dilemma for the knife happy Endocrine surgeon as to whether wait and watch or to intervene. We agree with the authors that these retropharyngeal nodes are difficult to visualize on routine ultrasonography, difficult to dissect, and difficult to decide on intervention. We also appreciate the art of combining original case series with review of literature which is apt for rare cases like Retropharyngeal Node Metastases in thyroid cancer. We have few queries which may be of interest for the future readers.

We would like to know the location of the tumor in relation to the thyroid lobe such as upper one-third, middle one-third, or lower one-third [2]. Did the authors record this finding? We would also like to know the side of the

primary tumor and the retropharyngeal node in relation to the primary tumor such as ipsilateral or contralateral metastases. We would also like to know the average number of retropharyngeal nodes dissected by authors in each case [3] and also whether any non malignant node was found enlarged in the retropharyngeal space?

## References

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