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REPLY, LETTER TO THE EDITOR

Prognostic Impact of Further Treatments on Distant Metastasis in Patients with Minimally Invasive Follicular Thyroid Carcinoma: Verification Using Inverse Probability of Treatment Weighting

Yu-mi Lee[1] · Yi Ho Lee[1] · Dong Eun Song[2] · Won Bae Kim[3] · Tae-Yon Sung[1] · Jong Ho Yoon[1] · Ki-Wook Chung[1] · Suck Joon Hong[1]

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Dear Editor,

We appreciate you for your interest and your comment on our article assessing the prognostic impact of further treatment in minimally invasive follicular thyroid carcinoma (MIFTC).

Considering ambiguous definition for MIFTC, we decided to review all old slides by an experienced endocrine pathologist according to WHO criteria [1]. After reviewing slides, 47 patients were confirmed as follicular variant papillary thyroid carcinoma, 10 patients were follicular adenoma and 3 patients had widely invasive follicular thyroid carcinoma. We found that the others (3 patients) were diagnosed as one in classical papillary thyroid carcinoma, one in solid variant papillary thyroid carcinoma and one in Hurthle cell adenoma. We described this result as figure 1 in our previous study about protein markers in MIFTC [2].

All patients with MIFTC who undergo completion thyroidectomy in this study were recommended radioactive iodine (RAI) ablation, but a few people did not receive it because of various reasons. Two patients were old (over 80 years old) women having multiple other diseases (such as hypertension, cardiac dysfunction, diabetes and kidney dysfunction), and we did not perform RAI ablation to them. Although we provided them the information about the advantages and disadvantages about RAI ablation, the other two patients just refused receiving RAI ablation.

Central compartment node dissection (CCND) is not routinely performed in diagnostic hemithyroidectomy in our institute. We only did ipsilateral CCND if there were enlarged or suspicious lymph nodes under intraoperative findings. None of the 24 patients who underwent hemithyroidectomy with central lymph node dissection showed lymph node metastasis; therefore, they were classified as N0. Nx in tables was given in order to emphasis that we did not know about lymph node status of patients who did not undergo central lymph node dissection.

References

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✉ Jong Ho Yoon
gsyoon@amc.seoul.kr

Yu-mi Lee
niphredil@amc.seoul.kr

[1] Department of Surgery, Asan Medical Center, Ulsan University College of Medicine, Seoul, Korea

[2] Department of Pathology, Asan Medical Center, Ulsan University College of Medicine, Seoul, Korea

[3] Department of Internal Medicine, Asan Medical Center, Ulsan University College of Medicine, Seoul, Korea