Multifocal Versus Solitary Papillary Thyroid Carcinoma

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We read with interest the article “Multifocal versus Solitary papillary thyroid carcinoma” by Kiriakopoulos et al. [1]. We congratulate the authors in dealing with one of the pertinent issues in the management of papillary thyroid carcinoma. The authors have used benchside effectively to yield good results on the bedside for the knife happy surgeons. We would like to comment that the real issue of multifocality vis-a-vis multicentricity in PTC still remains controversial and the reporting of multifocality varies in different studies.

We have few queries, which might interest other readers. How many percentage of PTC with multifocality were known preoperatively. How many of these tumours were detected by USG preoperatively? In their study, the authors found aggressive variants had fewer foci as compared with the classical variant. Did the authors find similar result in the literature and an explanation? Before this study what was the incidence of multifocality? Did the post-operative

thyroglobulin levels and radio-iodine ablation doses differ between multifocal and solitary groups? Did the authors perform any genetic or mutational tests to differentiate the multifocality from multicentricity? [2, 3].

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