Author's Reply: Radiofrequency Ablation for Benign Thyroid Nodules: 1-Year Follow-Up in 184 Patients

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We would like to thank the Editor for the opportunity to respond to the issues raised in the Letter to the Editor by Dr. Marcy et al. We would also like to thank Dr. Marcy and his colleagues for their interest in our paper [1] and taking the time to express their concerns.

In their Letter to the Editor, Dr. Marcy et al. note their concerns about overtreatment and potential major complications in case of patient's sedation. Then they raise five pillars to improve the safety of thyroid radiofrequency ablation (RFA) technique.

Firstly, we would like to clarify that in our published study [1], all patients were treated under local sedation only. Before inserting the RFA electrode tip to the thyroid nodule, we performed topical anesthesia at the puncture site and then dissected the thyroid and subcutaneous tissues, using 10 ml of 2% lidocaine hydrochloride. During the RFA procedure, patients were totally conscious. The surgeons tried to talk with patients regularly to aware any change in their voices and encouraged them to express any discomfort or pain. If patients could not tolerate the pain or discomfort, we paused the ablation for a while. In addition, we paid special attention to preventing injury to the

adjacent important structures (the trachea, the esophagus, the laryngeal nerve, and the carotid vessels). If a nodule was near these structures of less than 3 mm, we performed incomplete ablation to minimize the injury to them. Therefore, we have observed no major complications in this study [1] as well as in another cohort of more than 200 patients treated with RFA for benign thyroid nodule(s) in our institution after finishing this study.

Secondly, we appreciate the five helpful ideas that Dr. Marcy et al. raised to improve the safety of RFA. Indeed, we always follow the first three pillars: (1) performing RFA in awake patients; (2) performing the moving shot technique and in-plane monitoring of RFA needle to see the whole needle while ablating; and (3) encouraging patients to express their discomfort or pain during the procedure. With respect to the fourth pillar, we have never witnessed any clear dysphonia or voice change while performing RFA. The two minor complications in our study [1] were temporary voice change that occurred after completing the procedures several hours. However, we thank Dr. Marcy et al. for this insightful idea. This could be a good solution in case of immediate dysphonia or voice change during the procedure. Regarding the fifth pillar, we always use reliable instruments to perform thyroid RFA.

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Reference

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