

Comment on “Surveillance and Intervention after Thyroid Lobectomy”

TO THE EDITORS:

It is a well-accepted fact that patients after hemithyroidectomy require long-term follow-up because they can develop hypothyroidism or recurrence of disease in the opposite lobe. In our experience, about 35% of patients after hemithyroidectomy experience hypothyroidism at their first follow-up visit (6 weeks after surgery), and 10% of them remain hypothyroid at end of 1 year of follow-up.

The authors performed lobectomy in 14 patients who had nodules in both lobes¹. The criteria for opting for lobectomy despite the presence of nodules in the opposite lobe were not mentioned. At our institute, we proceed with total thyroidectomy when the nodule in the opposite lobe is more than 1 cm in size, or if the opposite lobe has more than one nodule of any size. The present study followed 25 patients with ultrasound of thyroid, even though only 14 patients had nodules in the contralateral lobe after lobectomy. The criteria for picking the additional nine cases for follow-up with ultrasound of the neck are unclear.

The mean follow-up of the study is 240 days. We think that 8 months of follow-up is too short to conclude that total thyroidectomy is an effective and efficient option for the management of nodular thyroid disease involving one lobe. Our own experience and studies by others have

shown that hemithyroidectomy is an adequate operation for nodular thyroid disease involving one lobe². Out of the 82 patients who underwent lobectomy in this study, 57 did not undergo any imaging at follow-up. Only 25 had follow-up with imaging of the opposite lobe. Clinical examination alone is not sensitive enough to find recurrence in the opposite lobe³. Hence, without imaging in the majority of cases ($n = 57$), and just following 25 patients for a short period of 8 months will not provide enough information about recurrence in the opposite lobe after hemithyroidectomy. We think that the sample size ($n = 25$) is too small to permit drawing such conclusions.

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