In Reply: Prophylactic “First-Step” Central Neck Dissection (Level 6) Does not Increase Morbidity After (Total) Thyroidectomy

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TO THE EDITORS

Thank you for the letter by I.J. Nixon to our article.¹ Some of his critical comments have to be clarified.

This is a single-centre, technical report demonstrating the possible advantage of “first step” (FS) and therefore prophylactic uni- and bilateral central neck dissection (CND) if indicated. As stated by Carty et al. in the consensus statement on the terminology and classification of CND for thyroid cancer, we defined the boundaries of the central neck superiorly by the hyoid bone, laterally by the carotid arteries, anteriorly by the superficial layer of the deep cervical fascia, and posteriorly by the deep layer of the deep cervical fascia.² Also, the lymphatic tissue of the anterior superior mediastinum, which is accessible by a cervical approach, was removed by the described approach.

The controversies regarding whether to perform prophylactic CND to improve survival or to prevent local recurrence were not discussed in the manuscript.³

Concerning the effect of prophylactic CND on locoregional recurrence rates, the meta-analysis by Wang et al. revealed no difference in recurrence or long-term compli-

cation rates between patients undergoing total thyroidectomy alone or total thyroidectomy with (prophylactic) CND.⁴ In accordance with our study, Wang et al. concluded on the basis of their meta-analysis that routine prophylactic CND might be considered in the hands of high-volume surgeons treating patients with clinically node-negative PTC.^{1,4}

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