P066

CHIRURGIE CERVICO-FACIALE ET CANCÉROLOGIE

Occult level II nodal metastasis in N1b papillary thyroid gland carcinoma

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Introduction

Routine dissection of level II in patients having a papillary thyroid carcinoma (PTC) without suspicious level II lymph nodes pre-operatively remains controverted.

The controversy is related to less frequent level II metastasis in comparison to levels III and IV and to the damage of the spinal nerve during level II dissection

Objectifs

The purpose of our study is to determine the occurrence of occult level II metastasis in PTC and to determine the risk factors of the occurrence of this

Materials and methods

- Retrospective study
- Patients with PTC without suspicious level II lymphadenopathy prior to surgery
- Lateral neck dissection (LND) with a histologically confirmed lateral neck nodal metastasis (LNNM)
- The period between 2016 and 2023.

Conclusion

Occult level II metastasis occurred in a significant number of patients with N1b PTC. It was significantly more frequent in tumor located at the superior 1/3 of the thyroid lobe and in contralateral CLNM,

The previously reported risk factors of occult level II metastasis include: superior tumors, simultaneous levels III and IV involvement, tumor shape, tumor size, metastatic LLN >4, and multilevel involvement

These risk factors need to ne taken into consideration to select patients that are candidates for a selective neck dissection,

References

- Lv T, et al, Level II lateral neck dissection for papillary thyroid carcinoma: . Asian Journal of Surgery. 2023
- Eun NL,, et al. Preoperative Ultrasonography Predicts Level II Lymph Node Metastasis in N1b Papillary Thyroid Carcinoma : Implications for Surgical Planning. biomedicines. 2024;1
- Song et al, . Indications of Superselective Neck Dissection in Patients With Lateral Node Metastasis of Papillary Thyroid Carcinoma. Otolaryngol Head Neck Surg. 2022

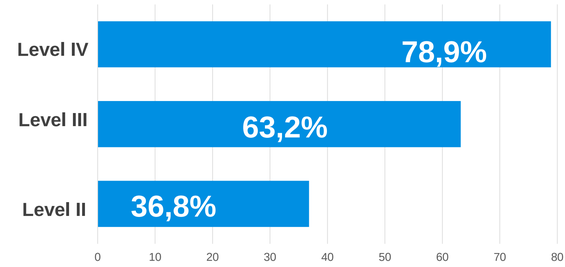
Results

- **Number of patients:**
- **Sex ratio**: F/M 9,5
- **Mean age**: 45 years old (±16)

- **Pre-operative evaluation:**
- **Level III + ➔ 12 patients**
- Level IV + ➔ 12 patients

Surgery type	*Number /%*
Primary surgery **Secondary surgery** ➔ Nodal reccurence ➔ Completion thyroidectomy	16 (84.2%) 3 (15,8%) 1/3 2/3
Bilateral CND	19 (100%)
Bilateral LND	10 (52,6%)
Ipsilateral LND ➔ **II , III, and IV** ➔ **II, III, IV, and V**	 18 (94.7%) 1 (5.3%)

Histopathological Lateral LNs involvement



Pre-operative clinical and ultrasound risk factors

Factors	*p* Value
Age> 55 years old	0,634
Clinical level III or IV	0,614
Multilevel involvement	0,220
Suspicious lateral lymph node > 2cm	0,202
Thyroid like lymph nodes	0,092
LLN: hypoechogenicity	0,165
LLN: microcalcification	0,082
LLN: dedifferenciation	0,082
LLN: cystic	0,605

Post-operative histopathological risk factors

Factors	*p* Value
Tumor size>2cm	0,526
Thyroiditis	0,374
Upper 1/3 tumor localization	**0,044**
Multifocality	0,144
Capsular infraction	0,074
Vascular invasion	0,475
Extra-thyroid extension	0,075
Contralateral CLNM	**0,049**
Bilateral CLNM	0,150