Medical College Hospital and Research Institute. Study duration was collected from the files of the Department of Pathology of Meenakshi College Hospital and Research Institute, Kanchipuram. Data was thyroidectomies for Hashimoto’s thyroiditis in Meenakshi Medical Hospital and Research Institute. Enathur, Kanchipuram.

MATERIALS AND METHODS

Hashimoto’s thyroiditis and not infrequently are found to have chronic conditions. Despite this characteristic clinical picture, therapy, a cutting needle biopsy procedure may be indicated to confirm patients with asymmetrical enlargement of the thyroid gland, nodular administration of thyroid hormone with suppression of TSH. In Regression over the course of several months usually follows the of the thyroid epithelium and diffuse lymphocytic infiltration. usually required. Thyromegaly results from compensatory hyperplasia be made on the basis of clinical findings. Histologic confirmation is not lymphomatosa. Mostly managed medically. The diagnosis can usually managed disease hasn’t been adequately studied.

This was first described by Hashimoto in 1912. Chronic disorder of the thyroid gland – diffuse lymphocytic infiltration, fibrosis, parenchymal atrophy, and eosinophilic changes. Also known as struma lymphomatosa. Mostly managed medically. The diagnosis can usually be made on the basis of clinical findings. Histologic confirmation is not usually required. Thyromegaly results from compensatory hyperplasia of the thyroid epithelium and diffuse lymphocytic infiltration. Regression over the course of several months usually follows the administration of thyroid hormone with suppression of TSH. In patients with asymmetrical enlargement of the thyroid gland, nodular thyroiditis, or with incomplete failure of regression on suppressive therapy, a cutting needle biopsy procedure may be indicated to confirm the clinical diagnosis. Despite this characteristic clinical picture, patients undergoing thyroidec tomy to differentiate “nodular goiter” from thyroid cancer, not infrequently are found to have chronic thyroiditis.

AIM

To know the varying presentation and role of surgery in patients with Hashimoto’s thyroiditis To know the incidence of malignancy in Hashimoto’s thyroiditis.

RESULTS

Females more commonly affected. Mean age was 36 ± 7 years. Indications for surgery differed, some patients had more than one. The indications for surgery differed in patients with many patients having more than one indications for surgery. The main indication for surgery was Multinodular Goiter (n = 34, 34%) followed by cosmetic reasons (n = 27, 27%). The indications are represented in Fig.1. The mean duration of thyroid swelling was 10±2.4 years. The hyperthyroid patients are patients who are not controlled on medical management (n = 4, 28.57%) or who were taking anti-thyroid medications for more than 6 years (n = 10, 71.42%). All patients were in euthyroid state before surgery (TSH – 1.49±1.24). Of the 100 FNAC specimen of Hashimoto’s thyroiditis had Hashimoto’s thyroiditis in only 70 cases. Of the 30 cases total thyroidectomy was done. All patients underwent pre-operative and post-operative indirect laryngoscope and serum calcium measurements which were normal except for 2 cases of transient hypocalcemia and 1 case of transient RLN palsy which recovered in 2 weeks. No significant post-operative complications were noted. There was an improvement in tiredness and overall wellbeing in 56% of cases at 6 months of follow-up.
DISCUSSION

The indications cited for surgery is different in different series. Pain, compression, cosmesis and suspicion for malignancy were cited as indications in most of the studies. Nenkov et al. in their series of 132 cases reported that compressive symptoms, lack of response to thyroxine suppression, nodularity and cosmetic reasons as the indications for surgery. Majority of the patients in our series underwent surgery due to swelling and cosmetic reasons corresponding with other studies. Apart from these indications follicular neoplasm on FNAC in cases were also considered on the suspicion of malignancy. MacDonald et al. reported that 31% of cases who had histopathological diagnosis of Hashimoto’s Thyroiditis did not correlate with the preoperative cytology. In our study only 70 patients who had a cytology report of Hashimoto’s had correlation with the histological report. Source of error were Hurthle cell neoplasm and follicular neoplasm. Presence of hyperplastic follicular cells and pleomorphic Hurthle cells in the FNAC specimen was often misinterpreted. Gyory et al. reported a 6.7% incidence of temporary RLN palsy and 5.1% permanent RLN palsy. In their series, the temporary hypocalcemia rate was 5.1%. One of the indications mentioned for surgery in HT has been the association of papillary carcinoma and lymphoma. In our study temporary RLN palsy was 1% (n = 1), and transient hypocalcemia was 2% (n = 2).

CONCLUSION

Most of the cases of Hashimoto’s thyroiditis, an autoimmune disease are managed medically. In our study most of the patients presented for Multinodular goiter whose symptoms and swelling did not subside with medical management. In the patients who had FNAC suggestive of Hashimoto’s had malignancy on histopathological examination. So, the patients have to be under careful surveillance for malignancy. The patients who do not respond to medical management can be successfully managed with surgery in view of lesser complications and advancement in minimally invasive approaches.

REFERENCES