

Surgical treatment of primitive thyroid lymphoma

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ABSTRACT

Aims and background. Primitive thyroid lymphoma, although rare, is becoming more frequent. Its incidence is increasing, from 0.5% in the sixties to 1-5% of all thyroid neoplasms today. The diagnosis of such neoplasms is not always straightforward. In fact, it is often the result of pathologic findings on a gland resected for an apparently benign disease. Surgical dissection may prove more complicated than in standard cases of thyroidectomy for the possible tight adhesions existing between the gland's capsule and the surrounding structures. In cases of capsular infiltration, postoperative external local radiotherapy is indicated.

Methods. A retrospective observational analysis was performed to establish whether patients with incidental thyroid lymphomas who underwent total thyroidectomy for another pathology had major surgical complications and worse prognostic results than patients with an accurate preoperative diagnosis.

Results. Six cases of thyroid lymphoma were retrospectively reviewed: 4 diffuse large B-cell lymphomas and 2 MALT lymphomas. Of these, 2 were correctly preoperatively identified by fine-needle aspiration biopsy and 4 were an unexpected finding at histology: 3 cases of total thyroidectomy carried out for huge hypothyroid goiter in patients affected by Hashimoto's thyroiditis and in 1 case of total thyroidectomy carried out for anaplastic carcinoma in a patient affected by Hashimoto's thyroiditis.

Conclusions. In our experience, a correct preoperative diagnosis was extremely difficult (33%). In patients who underwent fine-needle aspiration, a correct diagnosis was made in 66% of cases. All patients with stage IE lymphoma who underwent total thyroidectomy had equivalent surgical complications and prognosis.

Key words: Hashimoto's thyroiditis, preoperative diagnosis, thyroidectomy.

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