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Management of head and neck cancer: thyroid carcinoma

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Opinion

The rising epidemic of head and neck cancer worldwide is very worrying. Despite the well-established risk factors and the major patient- education campaigns, we are still struggling to decrease the incidence of such malignancies. In oncological patients undergoing surgery, the priority is attaining complete surgical clearance, at the risk of ending up with large defects. This would require good governance of plastic surgery reconstructive techniques, such as free tissue transfer to allow adequate repair and achieve better functional outomes.

Thyroid cancer is a common malignancy with an incidence of 6.10/100,000 women and 1.90/100,000 men.[1,2] The rising incidence may cause thyroid cancer to become the 4th commonest cancer by 2030 in the United States.[2–5] The increase in incidence can be accounted for by different criteria namely, increased awareness, earlier patient presentation, improved equipement, more aggressive management of micro-carcinoma, better documentation and patient databases.[2–4,6]

Management is comprised of history taking, clinical examination, investigations and definitive treatment. It is imperative for every doctor to always perform the aforementioned steps in management. Important points in the history are rate of growth of any neck mass, associated symptoms including dysphonia, dysphagia, stridor, weight loss and anorexia. Any patient presenting with a short history of neck swelling should be investigated urgently.

A clinical examination should be done including a full ENT examination substantiated with visualisation of the vocal cords in cases of dysphonia and assessment of the patients' thyroid status. Investigations should include baseline blood tests and thyroid function test. The imaging modality of choice for investigating a neck mass is ultrasonography (US). It has various advantages including: non-invasive, cheap and relatively easy to obtain. The main disadvantage of US is that this modaility is operator- dependent.

The next step in the work up of neck masses is Fine Needle Aspiraton Cytology (FNAC). It is advisable to have this performed under US- guidance to increase the chances of a better yield and therefore an informative result. The cytology results are interpreted using either the Thy classification or the Bethesda classification. The cytology might not be conclusive such as in follicular lesions and in such circumstances, it is advisable to go for diagnostic hemi-thyroidectomy. Other imaging modalities to be considered are computed tomogrphy and magnetic resonance imaging.

Definitive treatment is dependant on a multitude of factors, such as the diagnosis, cancer stage, patients' factors including comorbidities, quality of life, patients' preference. Each patient is an individual entity and has to be dealt with accordingly. One cannot possibly state that all patients with a follicular carcinoma need to have a thyroid hemilobectomy followed by radioactive iodine. This would be the treatment of choice. However this should be dicussed during multidisciplinary team meetings, which should be documented for medico-legal purposes, and then together with the patient, a final conclusion is reached.

For instance, if a patient is 85years of age and suffers from severe heart disease, diabetes, hypertension with a poor quality of life and has now been diagnosed with a papillary thyroid cancer, the probability is that such a patient would not benefit from the usual run of the mill treatment. He would most probably die from other causes prior to the papillary cancer actually causing his demise. On the contrary, if this same patient was diagnosed with an anaplastc carcinoma associated with new onset dysphonia and stridor, surgical securing of the airway is paramount.

There are many guidelines worlwide on the management of thyroid nodules. These have been put together by professionals after extensive evidence-based literature reviews from a multitude of different sources. The aim is to guide the patients' attending doctor with the suggested managament. It is important to refer to them however, as stated in the different guidelines perse, they are only advisory not mandatory.

Thyroid cancer is a common malignancy afflicting many patients, majority of whom are women. With todays' improved treatment armamentarium, one is hopeful that patients become disease- free with the least possible morbidity and ideally with no or low mortality.

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Conflicts of interest

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