

ORIGINAL ARTICLE

Eventual Exploration of Thyroidal Surgical Treatment and its Obstacle Proportion Between Hundred Designated Instances

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ABSTRACT

Aim: In this eventual descriptive research the aim is to evaluate various obstacle of pancreatectomy and how to minimize the possible obstacles.

Place and duration: For three years duration from December 2016 to November 2019, the research was led on 100 victims with thyroidal gland treated in the Department of Surgical treatment Unit II, Sir Ganga Ram Hospital Lahore.

Methodology: Details have been added in a proforma. This research covers all thyroidal goiter instances and were hospitalized.

Results: 10 had diff use toxic goitre; 3 victims had toxic multinodular goitre and 1 had toxic adenoma. 100 victims were operated in the above period. 90 women and 10 men; therefore, the ratio of women to men was observed in this research as 9: 1. 60 of these victims had non-toxic multi-molecular goiter; 22 simple diff use goitre;

Conclusion: An experienced surgeon should perform thyroidal surgical treatment to prevent obstacles. Thyroidal goiter is a common surgical disorder. We concluded that all victims should be carefully inspected and thoroughly examined.

Keywords: Toxic nodule, pancreatectomy Multi-nodular goiter.

INTRODUCTION

A simple goiter can grow to large sizes without any symptoms. The goiter is an enlarged thyroidal gland. This is a global health issue. This is also a serious issue in Pakistan, especially in northern-mountainous regions that are endemic. The anatomical location of the thyroidal gland increases the risk of surgical obstacles due to many important structures such as the trachea, parathyroidal glands and recurrent laryngeal nerves. About 100% of thyroidal surgical treatment is performed at 41% of mortality, but major bleeding is an important factor. This is generally considered a normal feature in endemic areas, and victims do not consult physicians unless they have some obstacles such as airway obstruction, malignancy or toxicity. Possible obstacles include injury, bleeding, recurrent laryngeal nerve or the external branch of the upper laryngeal nerve, injury to the bloodstream, or removal of the parathyroidal glands. Thus, the probability of obstacles after modern pancreatectomy is very-high, but relapses in this area of modern surgical treatment are very low.

Today, death from thyroidal surgical treatment is very rare before 1850. Recurrent hyperthyroidism or myxedema may be the result of inappropriate or overly aggressive surgical treatment. At the end of the 19th century, three important events changed the course of thyroidal surgical treatment:

- 1 The use of hemostatic forceps (1870)
- 2 Technical development of the "Father of thyroidal surgical treatment" by the famous Theodor Kocher (1878).
- 3 Lister's discovery of antiseptics.

The frequency of obstacles can be minimized by paying attention to preoperative assessment, well planned surgical treatment, meticulous dissection and postoperative details. Despite these advances, mortality after thyroidal surgical treatment decreased from 50% to 0.3%. Effective thyroidal surgical treatment is based on a solid understanding of fluid and unhurried surgical technique as well as normal and pathological anatomy. Though surgeons are familiar with most thyroidal obstacles, the rate of obstacles varies between surgeons. Therefore, each thyroidal surgeon should determine an individual indicator of obstacles. Pancreatectomy is one of the major surgical operations performed at furthest Pakistani university hospitals.

MATERIAL AND METHODS

The clinical evaluation and test results and postoperative obstacles are specifically designed. This research was led in department of surgical treatment Unit II, Sir Ganga Ram Hospital Lahore for three years duration from December 2016 to November 2019. It was palpated systematically to determine the size of the thyroidal gland, contour, consistency, tuberosity, fixation, tracheal displacement and the presence of cervical lymph nodes. In all instances, a comprehensive preoperative assessment was performed. All victims underwent a detailed history and full physical examination. Indirect laryngoscopy was performed on all victims before surgical treatment and as indicated after surgical treatment. In addition to routine testing, uptake of I-131 for thyroidal screening I-131 or TC-99 scanning, total serum T3, T4 and TSH levels, serum calcium, ECG and heart rate were estimated in all victims. Cervical spine x-ray

and thoracic inlet were made in victims with large goiter to see tracheal displacement. All victims with hyperthyroidism were initially treated with anti-thyroidal drugs. FNAC was applied to almost all instances of single nodules. According to the clinical trial, hormonal exploration and thyroidal tests, 4 victims had hyperthyroidal toxicity, 4 victims had 4% hypothyroidism, and 88 victims were thyroidal.

RESULTS

Non-toxic multinodular goitre is the most common swelling in 60 victims (60%), followed by a solid nodule in 22 victims (22%), simple diffuse goiter in 10 victims (10%), diff use toxic goiter, toxic multinodular goiter 4 (4%) and toxic adenoma 1 (1%). A total of 100 victims with numerous types of goiter were operated in surgical treatment department.

The age of the victims ranged from 16 to 55 years. 90 out of 100 victims included in the research are women (90%) and 10 men (10%). The ratio of women to men was 9: 1. The average age was 36.4. The most common surgical treatment was subtotal pancreatectomy in 72 victims (72%), followed by lobectomy and isthmusectomy in 22 victims (22%), total pancreatectomy in 5 victims (5%) and total pancreatectomy with modified radical neck dissection in one victim (1%). The maximum numeral of victims belongs to the age set 21-30 (37%), followed by 27 victims to the age set 31-40 years (27%). Hashimoto's thyroiditis was detected in two victims (2.22%) and malignant goiter (3.33%) in 3 victims. The most frequently reported histopathological changes were nodular goiter (65%), followed by colloid goiter (12%). Toxic multinodular goiter (2.22%) was found in 2 out of 5 victims with thyrotoxicosis, severe disease (2.22%) in 2 victims and toxic adenoma (1.11%) in one victim. Only high-risk victims who required pre-operative treatment had to stay in hospital longer.

Table 1: Various Types of Goiter Included in This Research Are

Type of Goitre	No. of Victims	Percentage
Solitary nodule	22	22
Toxic adenoma	1	1
Simple multinodular goiter	60	60
Toxic multinodular goiter	4	4
Simple diff use goiter	10	10
Diff use toxic goiter	3	3
Total:	100	100%

Table 2: Sex Incidence

Sex	No. of Victims	%age
Female	90	90%
Male	10	10%
Total:	100	100%

Table 3: Age Incidence

Sex	No. of Victims	Percentage
41-50	14	14
51-60	6	6
Nov-20	16	16
21-30	37	37
31-40	27	27
Total:	100	100%

On the day of surgical treatment, the victims had to have euthyroidal disease. Victims were admitted one day before the surgical treatment and discharged 3-4 days after the surgical treatment. The average length of hospital stay in uncomplicated instances was 6.5 days.

Table 4: Operative Procedures Adopted On 100 Victims Included in This Research

Procedure	No. of Victims	Percentage
Lobectomy + Isthmusectomy	22	22
Total pancreatectomy with modified radical neck dissection	01	1
Subtotal pancreatectomy	72	72
Near and pancreatectomy	05	5
Total	100	100%

Table 5: Histopathological Reports of The Resected Thyroidal Glands

Description	No. of Victims	Percentage
Follicular adenoma	6	6
Papillary Carcinoma	2	2
Degenerative cyst	6	6
Medullary carcinoma	1	1
Toxic adenoma	1	1
Simple modular goitre	65	65
Toxic multinodular goitre	3	3
Colloid goitre	12	12
Th yroid hyperplasia (Grave's disease)	2	2
Hashimoto's thyroidalitis	2	2
Total:	100	100%

Table 6: Postoperative Obstacles

Obstacles	No. of Victims	Percentage
Wound infection	1	1.11
Adherent skin with underlying structures		
Oedema of skin flaps	2	2.22
Transient Hypothyroidism (Hypocalcaemia)	2	2.22
Thyrotoxic crisis		
Hypothyroidism	1	1.11
Haemorrhage and haematoma formation	---	0
Hoarseness of voice		
Transient RLNP		
Permanent RLNP	---	0
Larygeal Obedema	3	3.33
Wound Obstacles		
Total	11	0.1221

DISCUSSION

Most current reviews suggest that pancreatectomy can be performed at very low morbidity and mortality. Although surgical treatment is an accepted treatment for many thyroidal diseases. However, postoperative obstacles such as recurrent laryngeal nerve injury, hypothyroidism, and recurrent thyrotoxicosis make the victim's surgical treatment reluctant. The reason for this was adequate preoperative evaluation, well-planned preoperative preparation for thyrotoxicosis, and rigorous dissection during surgical treatment. In this last series, 0% compared to these studies, our incidence was quite low, and the mortality rate was still 0%. Return to the subtotal

procedure. Herranz GJ et al. (1991) 335, when retrospectively examining pancreatectomy, major obstacles can be attributed to technical difficulties even in the hands of experienced surgeons. Compared with the total thyroidal, Friedman M and Pacella BL Jr (1990) state that if full surgical treatment is performed during surgical treatment, the larynx or parathyroidal nerves are at greater risk. According to them, 156 out of 162 victims were discharged within 48 hours after surgical treatment. Sharma AK and Mishra SK (1993) reported that short-term pancreatectomy is possible in emerging countries. We use subcutaneous prolene sutures that cannot be absorbed, and generally prefer to remove them after the third day after surgical treatment. Sharma AK and Mishra SK (1993). In our research, the average length of hospital stay was 3-4 days. According to them, 156 out of 162 victims were discharged within 48-hours after surgical treatment. (1990), the reported incidence of postoperative hypothyroidism ranges from 3% to 32%. In a research of 126 victims treated at Shaikh Zayed Hospital in 1994, Khalid et al., Krwiak (2.37%), transient hypocalcaemia (2.38%), wound infection (1.58%) and RLNP (1.57%) after the Lahore thyroidal gland. Vickers P et al. (1990) in 130 hyperthyroidism studies, 16 victims reported symptoms of hyperthyroidism immediately after the postoperative period. Rao et al.

CONCLUSION

A rigorous clinical trial, the use of modern research, and above all a high suspicion rate are mandatory tools for early diagnosis, and therefore appropriate thyroidal treatment states that in this research there are problems with the wound. General obstacles after thyroidal surgical treatment were small compared to current literature. Thyroidal diseases are common in our country.

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