

Title: Management of tracheal invasion in differentiated thyroid cancer

Introduction: Extrathyroidal extension of differentiated thyroid cancer occurs in 6 to 13 per cent of cases and is a marker of poorer prognosis. The trachea is the third most common organ involved after strap muscles and recurrent laryngeal nerve. Surgery with negative margins is a fundamental goal of treatment.

Objective: Evaluation of various surgical techniques of management of tracheal invasion during thyroidectomy for differentiated thyroid cancer

Methods: Retrospective case series from October 2006 to December 2018

Results: Out of a total of eleven evaluable patients, four underwent shave excision, three underwent window resection, and four underwent sleeve (circumferential) resection with primary end to end anastomosis. Two of these patients also underwent tracheostomy. There was no mortality in this series. Clinical presentation, pre-op workup, classification, technique (with operative photographs) and outcomes are discussed.

Conclusion: Management of tracheal invasion should be part of armamentarium of surgeons who operate on patients with thyroid cancer. Surgical approach should be tailored to the individual case.