

LETTER TO THE EDITOR

The Thyroid cancer and Basedow's disease

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I am sending you a few important notes to the publication in your journal titled **Relaps of hyperthyroidismafter hemithyroidectomy in concurrent medullary thyroid cancer and Grave's disease. (Meng ZW and all, Bratislava Medical Journal – Bratisl lek listy 2013; 114 (9): 544–546).**

Comments to the author

Coincidence of medullary thyroid cancer and Basedow's disease or thyrotoxicosis is very rare. From this point of view is your paper interesting. But the surgical procedure you have used is very strange. You didn't follow the guidelines for surgical treatment.

1. Graves-Basedow's thyrotoxicosis is a disease which affects the whole thyroid gland. The standard surgical treatment is total or near total thyroidectomy (rest of the thyroid gland must be less than 1x1x1 cm.). Otherwise the disease would relaps, what happen to the patient, and patient needs further treatment.

2. The standard surgical treatment in medullary thyroid cancer is total thyroidectomy with neck dissection of VI neck

compartment (Robinson) – ATA and ETA guidelines 2009. In your paper you mentioned preoperative diagnosis of medullary thyroid cancer. The basal level of calcitonin was 453.8 (pg/ml), ultrasound showed a tumor in the upper part of the right thyroid lobe with a size of 1.5 x 1 x 1 cm. The major lymphatic flow from the upper side of the thyroid gland is to the lateral neck compartment (sector III, IV, V). I would have performed a right lateral neck dissection. The calcitonin level after the surgery (19.6 to 24.9 pg/ml) is not negative (negative is less than 10 pg/ml) and the patient is at risk of having multifocal disease or metastatic lymph nodes.

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