The American Journal of Surgery 218 (2019) 663

Contents lists available at ScienceDirect

The American Journal of Surgery

journal homepage: www.americanjournalofsurgery.com

Letter to the Editor

Advanced age does not increase morbidity after total thyroidectomy. Result of a prospective study

We read the article "Advanced age does not increase morbidity after total thyroidectomy. Result of a prospective study" with a great interest. We congratulate the authors for this multi-centre prospective study of surgical specific complications in patients undergoing total thyroidectomy in elderly. We have few queries and doubts which we wish to put forward.

As mentioned by authors, the patients between 60 and 70 years age may have fewer geriatric problems, hence a cut-off 70 years age was taken. Adverse outcomes can be surgical or anesthesia related in aged. As the American Society of Anesthesiologist (ASA) category wasn't taken into account in the two age groups i.e < 70years and ≥70years, how could the authors justify that the two groups were comparable ? Functional status of the patients in both groups and outcomes of these could have represented more comparable groups. In a study by Rafaelli et al.,[1] almost 63.4% of >70year old patients had co-existing co-morbidities and 72.5% were ASA II and 16% were in ASA III. Also Frailty scores[4] could have been taken into account in elderly patients.

Since the study considered the endpoints as hypocalcemia and recurrent laryngeal nerve (RLN) palsy, we would like to know how the anatomy of RLN, parathyroid glands and their preservation could be affected in advanced age?

The two groups were divided on the basis of age i.e < 70years and ≥70 years, and as mentioned by the authors, a written consent before randomization was given by all the patients. May we know how and on what basis was the randomization done or was a typographical error?

Was there a particular reason as to why was only one "day 2" value of calcium taken into account? As the calcium levels in post-operative period tend to decrease till day 3[2]

Authors were right in excluding patients with known/suspected thyroid malignancies, to avoid Lymph node dissection (LND). There were approximately 21.91% incidentally detected thyroid cancers. We would like to know whether they were detected intra-operatively by frozen section or on final histopathology reports. How was the decision taken for central LND since 14.14% of patients underwent LND and all these included only central LND? Also the number of patients undergoing LND were 41(14.14%), but these were not excluded in the final results. Would that have made any difference in the results and conclusions if all the thyroid malignancies & LND patients were excluded?

Since Vitamin D deficiency is very common in elderly,[3] and the supplementation in elderly is very common, we would like to know if there were patients who were undergoing calcium/VitaminD supplementation and/or bisphosphonate therapy in the age ≥70years and the surgical morbidity in this subgroup comparing with those ≥70years who did not have any therapy for Vitamin D deficiency.

References

1. Raffaelli M, Bellantone R, Princi P, Crea CD, Rossi ED, Fadda G, et al. Surgical treatment of thyroid diseases in elderly patients. *Am J Surg*. 2010;200(4):467–472.
2. Nair C, Babu MC, Menon R, Jacob P. Hypocalcaemia following total thyroidectomy: An analysis of 806 patients. *Indian J Endocrinol Metab*. 2013;17(2):298.
3. Lips P. Vitamin D status and nutrition in Europe and Asia. *J Steroid Biochem Mol Biol*. 2007;103(3-5):620–625.
4. Kovacs J, Moraru L, Antal K, Cioc A, Voidazan S, Szabo A. Are frailty scales better than anesthesia or surgical scales to determine risk in cardiac surgery? *Korean J Anesthesiol*. 2017;70(2):157.

V. Sasi Mouli*, M. Shreyamsa, Kushagra Gaurav, Kul Ranjan Singh, Pooja Ramakant, Anand K. Mishra
Department of Endocrine Surgery, King Georges' Medical University, Lucknow, UP, India

* Corresponding author.
E-mail address: sasimouli.116@gmail.com (V. Sasi Mouli).

12 November 2018

https://doi.org/10.1016/j.amjsurg.2018.11.013