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### Total Thyroidectomy versus Subtotal Thyroidectomy as a Suitable Surgery for Benign Thyroid Disorders

*Thyroidectomie Totale versus Thyroidectomie Subtotale comme Chirurgie Appropriée pour les Troubles Thyroïdiens Bénins*

<sup>1</sup>W. M. El-Sayed, <sup>2\*</sup>S. Elhariri, <sup>3</sup>M. S. F. Mekhael<sup>3</sup>, <sup>2</sup>I. Burud<sup>2</sup>

#### ABSTRACT

**BACKGROUND:** Surgical treatment of benign thyroid disease varies from lobectomy, subtotal thyroidectomy, and total thyroidectomy (TT).

**OBJECTIVE:** the current study aimed to compare complications of both total and subtotal thyroidectomy (STT) for patients with bilateral benign thyroid disorders.

**METHODS:** Sixty patients with benign goiter, 32 for TT and 28 for STT, where indications for surgery, operating time, hospital stay, and complications were studied.

**RESULTS:** The incidence of transient recurrent laryngeal nerve (RLN) palsy was (6.25%) for TT vs (3.57%) for STT, and temporary hypoparathyroidism was (9.38%) in TT patients compared to (7.14%) in STT patients. Permanent RLN palsy and hypoparathyroidism occurred only in one case (3.12%) from the TT group. No permanent complications occurred in STT patients. Recurrence of goiter occurred in two patients (7.14%) undergoing STT. Incidental papillary carcinoma was (7.14%) in STT patients and (3.13%) for follicular carcinoma in TT patients. There was no postoperative mortality.

**CONCLUSION:** TT is a suitable surgical procedure in patients with bilateral benign thyroid disease as complication rate, operative time, and hospital stay are less comparable to STT. It will give a permanent cure without recurrences, and incidental thyroid malignancies can be avoided. **WAJM 2024; 41 (6): 708 - 713**

**KEYWORDS:** Benign thyroid disorders, Subtotal thyroidectomy, Total thyroidectomy.

#### RÉSUMÉ

**CONTEXTE:** Le traitement chirurgical des maladies bénignes de la thyroïde varie de la lobectomie, thyroïdectomie subtotale à la thyroïdectomie totale (TT).

**OBJECTIF:** La présente étude visait à comparer les complications de la thyroïdectomie totale et subtotale (STT) chez les patients atteints de troubles thyroïdiens bénins bilatéraux.

**MÉTHODES:** Soixante patients atteints de goitre bénin, 32 pour TT et 28 pour STT, où les indications pour la chirurgie, le temps opératoire, la durée d'hospitalisation et les complications ont été étudiés.

**RÉSULTATS:** L'incidence de la paralysie transitoire du nerf laryngé récurrent (RLN) était de (6,25%) pour TT contre (3,57%) pour STT, et l'hypoparathyroïdie temporaire était de (9,38%) chez les patients TT contre (7,14%) chez les patients STT. La paralysie permanente du RLN et l'hypoparathyroïdie sont survenues chez un seul cas (3,12%) du groupe TT. Aucune complication permanente n'a été observée chez les patients STT. La récurrence du goitre est survenue chez deux patients (7,14%) ayant subi une STT. Un carcinome papillaire incidentel a été observé chez (7,14%) des patients STT et un carcinome folliculaire chez (3,13%) des patients TT. Il n'y a pas eu de mortalité postopératoire.

**CONCLUSION:** La TT est une procédure chirurgicale appropriée chez les patients atteints de maladie thyroïdienne bénigne bilatérale, car le taux de complications, le temps opératoire et la durée d'hospitalisation sont moindres par rapport à la STT. Elle offre une guérison permanente sans récurrences, et les malignités thyroïdiennes incidentelles peuvent être évitées. **WAJM 2024; 41 (6): 708 - 713**

**MOTS-CLÉS:** Troubles thyroïdiens bénins, Thyroïdectomie subtotale, Thyroïdectomie totale.

<sup>1</sup>Department of Surgery Military Medical Academy, Cairo, Egypt.

<sup>2</sup>Department of Surgery, International Medical University (IMU), Seremban Malaysia.

<sup>3</sup>Department of Operative Surgery and Clinical Anatomy, Peoples' Friendship University of Russia (RUDN University), Moscow, Russian Federation.

**Corresponding author:** Dr. Sherreen Yehia Zakaria Elhariri (FRCS), Department of Surgery, International Medical University (IMU), Clinical campus, Seremban, Negeri Sembilan, Malaysia, P.O 70300, Email: [sherreenelhariri@imu.edu.my](mailto:sherreenelhariri@imu.edu.my). Tel., (+60) 1137778327