Postoperative complications of thyroidectomy in children with nodular goiter

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Objective

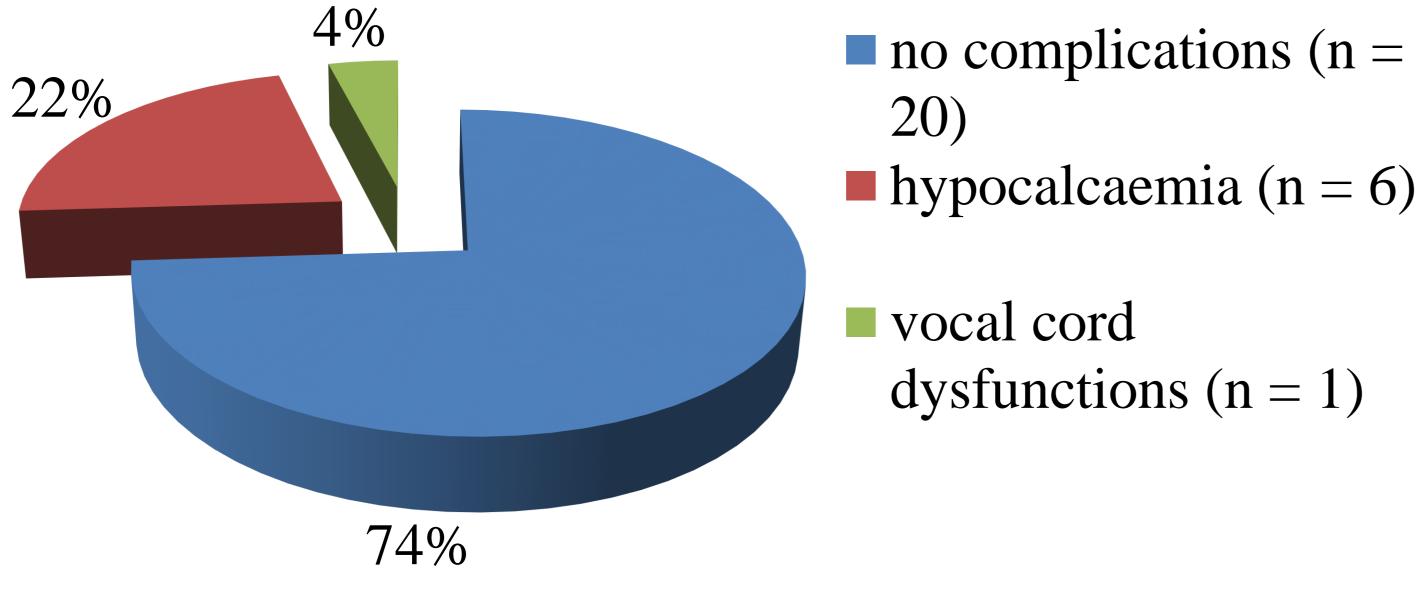
Rate the frequency and structure of post-operative complications of thyroidectomy in children with nodular goiter.

Materials and Methods

27 children, 20 girls (14,5±3,64years) and 7 boys (14,68±4,09years), which were performed thyroidectomy about multinodular goiter (n=23) and single-node goiter (n=4) from 2003 to 2015. Were evaluated complaints of patients, physical examination, biochemical blood test, electrocardiography data, fibrolaryngoscopy. As a biochemical marker of postoperative hypocalcaemia considered values of Ca ²⁺ in blood serum.

Results

Postoperative complications



Vocal cord dysfunctions were diagnosed in 4%(1/27)—girl 11,69 years old, healed after 3 months.

The presence of symptoms Asymptomatic 17% (1/6) Persistent 17% (1/6) Transient 83% (5/6) Symptomatic

The symptomatic hypocalcaemia—in 83%(5/6) patients, in this group of children 80%(4/5) of them had the QT interval prolongation in their electrocardiogram (Me0,02[0,01;0,035] sec.).

83% (5/6)

Conclusion

After thyroidectomy conducted over nodular goiter, vocal cord dysfunctions rare complication, hypocalcaemia occurs in every fifth child and is transient. In relation, it is necessary to search for predictors of postoperative hypocalcaemia in the preoperative stage during thyroidectomy, and find out the control of calcium and parathyroid hormone levels in blood serum in postoperative phase, starting from the first day.









