HETEROTOPIC AUTOLOGOUS THYRIOD TISSUE TRANSPLANTATION AFTER TOTAL THYROIDECTOMY IN SIMPLE MULTINODULAR GOITER

By

Mahmoud Abd El Tawab Mahmoud Abd El Baky Soror M.Sc. general surgery

A thesis submitted for partial fulfillment of M.D. degree in

General Surgery

Department of General Surgery

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Mahmoud Abd El Tawab Mahmoud Abd El Baky Soror
M.Sc. General Surgery

Under supervision of

Prof. Dr. Yasser Magdy Hatata

Professor of General Surgery
Faculty of Medicine, Fayoum University

Ass. Prof. Mohamed Ibrahim Abd El Aziz

Ass. Prof. of General& Oncosurgery

Faculty of Medicine, Fayoum University

Dr. Sherif Maher Abo El Maaty

Lecturer of General& Plastic surgery

Faculty of Medicine, Fayoum University

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Summary

Multinodular goiter is a common disorder of the thyroid gland, whenever surgery is indicated for a simple multinodular goiter; the current trend usually is to do total thyroidectomy that leads the patient to take a lifelong hormone replacement therapy

Although it seems relatively easy to control hypothyroidism by levothyroxine, a daily dependence on it and regular visits to hospital to check hormone levels are burdensome. Other problems that may interfere with reaching a euthyroid status using replacement therapy are malabsorption and noncompliance of patients

Thyroid autotransplantation is to leave thyroid tissue in the body that might be able to avoid or reduce severity of post-thyroidectomy hypothyroidism in noncompliant patients and if recurrence occurs it would not be in the neck, thus avoiding compression on the trachea and avoiding dangerous reoperation in the neck

In this study we are trying to assess survival and function of autotransplanted thyroid tissue after total thyroidectomy in patients with multinodular goiter, and relation between amount of grafted thyroid tissue and duration after which patient get euthyroid status, as alternative method to avoid lifelong postoperative hormonal replacement therapy.

Two groups of 40 female patients (group A 20 patients) and (group B 20 patients) with multinodular goiter after total thyroidectomy, in the same sitting group **A** will receive 15 gm. and group **B** will receive 10 gm. of healthy non nodular thyroid tissue the left thigh in multiple pockets through tiny skin puncture.

Patient postoperative assed by hormonal profile and thyroid scan 2, 6 and 12 months.

Procedure proved to be successful and better results operained in patients is relatively young age and more tissue implanted.