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Preface

Revision Endocrine Surgery of the Head and Neck

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Guest Editor

Volumes have been written about both thyroid and parathyroid surgery. Surprisingly little, however, has been written specifically about revision and reoperative thyroid and parathyroid surgery. Thyroid cancer is highly curable with a 30-year disease-specific survival rate that exceeds 95%. However, nearly 30% of patients may experience a clinically significant recurrence. In the case of benign goiter there is consistent evidence that subtotal thyroidectomy results in recurrence in up to 50% of patients [1]. More than 95% of patients with primary hyperparathyroidism (HPT) will be cured at initial operation by an experienced surgeon. Despite this success rate, persistent and recurrent hyperparathyroidism remain challenging clinical entities. Repeat parathyroid exploration is associated with fewer cures compared with the initial explorations [2]. Although at times preventable, there are circumstances when reoperation of the thyroid or parathyroid may be necessary, which poses special challenges even for the expert surgeon.

Reoperative surgery in the anterior neck is usually technically more difficult because of inflammation and scarring from the previous operation [3]. This in turn may obscure tissue planes and make identification of important structures, especially the recurrent laryngeal nerve and parathyroid glands, difficult. Accordingly, there is up to a 10-fold increase in iatrogenic injuries and the risk of complications appears to increase with the number of reoperations. New technology in imaging and surgery has aided in performing these delicate

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procedures. Many of these new technologies, together with new diagnostic techniques, are highlighted in this volume.

Finally, the debate over which surgical service should perform thyroid and parathyroid operations has raged in the literature and in hospitals for years. Many surgical specialists, including general surgeons, otolaryngologist head and neck surgeons, thoracic surgeons, and plastic surgeons, receive excellent head and neck endocrine training during fellowship and residency [4].

Less popular, however, is revision surgery—both because it forces us to face our own or our colleagues' failures and because these surgical cases are often complex, tedious, technically difficult, and hold a higher risk of complications [5].

Any surgeon who has received excellent training and has proven expertise in performing thyroidectomy and parathyroidectomy, regardless of specialty, should be able to perform revision and reoperative surgery. Furthermore, our patients will ultimately benefit if the most experienced surgeons perform their surgery and pass on their expertise to the next generation of surgeons.

The contributing authors are true experts on the topics at hand and have put forth great effort in preparing exceptional manuscripts that are both informative and readable. I want to thank them for their expertise and willingness to participate. I hope you enjoy this issue of *Otolaryngologic Clinics of North America*.

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