



Voice on Thyroid Alert: The Worst Kept Secret in the Endocrine World

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Editorial

Is over treating thyroid pathology rapidly causing an epidemic of voice, swallowing and airway disability? It is a well known secret within the endocrine world that thyroid pathology is both over diagnosed and over treated [1]. In fact many thyroid lesions that are eventually operated upon will never cause any problems throughout a normal life span if left alone and without medication.

The evolution of ultrasound as a first and easy non-invasive test and the improvement in FNA diagnostics has meant that thyroid pathology is diagnosed and therefore referred for management early. Increasingly papers reflect on a possible changing epidemiology on thyroid cancer. Thyroid cancer is increasing worldwide. Is this a true increase or an apparent increase? [2].

On the other hand, although traditional surgical teaching and established guidelines dictate that hemithyroidectomy should be the minimal thyroid operation, in many centers this is not the case anymore [3,4]. Increasingly thyroid surgeons would advocate a total thyroidectomy as an one-stop operation even for a follicular lesion or a unilateral goiter [4,5]. The reason behind this is not always a medical one. Many patients when faced with the possibility of two operations/general anesthetics within a 6 weeks period i.e., a diagnostic hemithyroidectomy possibly followed by a completion thyroidectomy if the biopsy shows follicular cancer, will choose one total thyroidectomy-if/when given the choice-as the first and permanent solution.

Of course this means one thing, a bigger and probably final operation for a small and often benign problem. The patient is left on thyroxin for life and occasionally on calcium supplements for a long time.

Expert laryngologists/voice surgeons running specialized voice clinics raise the alarm as they are usually the first point of referral for further management of vocal fold paralysis, whether iatrogenic or not. In recent years, the percentages of total thyroidectomies versus hemithyroidectomies are rising [6]. As one operates on both sides of the neck, the risk to the recurrent and superior laryngeal nerves rises. Additionally out of the iatrogenic causes, thyroidectomy is by far the most common [7]. The larynx is a sensitive organ that produces voice and protects airway and swallowing. Unilateral vocal fold palsy has a significant impact primarily on voice and secondarily on swallowing especially of fluids, but bilateral vocal fold palsies are devastating as they often affect the airway and patients, often young ones, may wake up with a tracheotomy. The role of the voice surgeon is to get rid of the tracheotomy by doing a type of glottic aperture widening procedure e.g., a laser posterior transverse cordotomy [8]. Irrespective of the technique used though, the voice will never be of the same quality as the one before the thyroidectomy. Laryngology has been living its golden era over the last decade or so, because of innovations in science and technology. Unilateral vocal fold palsies can be dealt with in most cases easily as an office procedure obviating the need of an anesthetic, but bilateral palsies are still a huge problem on airway that requires an anesthetic, an endoscopic procedure and a skilled voice surgeon to restore the airway without destroying the patient's voice.

Physicians, Endocrinologists and Thyroid surgeons all over the world should rethink before-lighthearted-offering total thyroidectomies to patients as the only surgical option. The strain on voice, airway and swallowing when damage to one or both laryngeal nerves occurs is huge and lasts a lifetime, despite available options, especially in professional voice users.

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