Hybrid Transoral Endoscopic Thyroidectomy Submental Approach

Giuliano Perigli, MD

Unit of Endocrine Surgery, Careggi University Hospital, Florence, Italy.

Curzio Cupellini, MD

Unit of Endocrine Surgery, Careggi University Hospital, Florence, Italy.

Fabio Cianchi, MD

Unit of Endocrine Surgery, Careggi University Hospital, Florence, Italy.

Caterina Foppa, MD

Unit of Endocrine Surgery, Careggi University Hospital, Florence, Italy.

E-mail: caterina.foppa@gmail.com

Ileana Skalamera, MD

Unit of Endocrine Surgery, Careggi University Hospital, Florence, Italy.

Fabio Staderini, MD

Unit of Endocrine Surgery, Careggi University Hospital, Florence, Italy.

Benedetta Badii, MD

Unit of Endocrine Surgery, Careggi University Hospital, Florence, Italy.

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Abstract

Background: Transoral endoscopic thyroidectomy vestibular approach (TOETVA) is, at present, the only “scarless” technique with a surgical access close to the thyroid area.^{1,2} Nevertheless, some technical troubles and unsatisfactory postoperative outcomes were encountered in our experience as described also by other authors.³ The aim of this video is to describe our hybrid procedure with a vestibular and a submental access named hybrid transoral endoscopic thyroidectomy submental approach (H-TOETSA). The first case was performed in our institution on February 2018 after an initial experience with TOETVA.

Methods: A central 10 mm trocar for the camera is placed not in the vestibulum but on the natural skin depression immediately under the chin. A left 3 mm trocar and a right 5 mm trocar are placed in the standard position. Indications and contraindications are the same as previously described for TOETVA.^{1,2,4} We have still some concerns with regard to Graves’ disease and Florid thyroiditis. The video shows the procedure in detail.

Results: Feasibility of this approach has currently been assessed in 14 patients as shown in the video. Mean operative time was 62 ± 12.1 minutes. One temporary recurrent nerve palsy and one temporary mild lip/chin dysesthesia were observed. Patients complained pain only in the first postoperative hours. All patients perceived excellent cosmetic results even at postoperative day 1.

Conclusions: H-TOETSA is feasible and has some technical advantages as described also by Chen et al.⁵ In addition, this approach could potentially reduce the mental nerve injury that, in our opinion, is mainly caused by the tissue distraction of the central vestibular access.

Authors disclose any conflict of interest.

Runtime of video: 6 mins 57 secs

Keywords: thyroidectomy; uninodular goiter; transoral; endoscopy; surgery

Cite this video

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References

1. Wang C, Zhai H, Liu W, et al. Thyroidectomy: A novel endoscopic oral vestibular approach. *Surgery* 2014;155:33–38.
2. Anuwong A. Transoral endoscopic thyroidectomy vestibular approach: A series of the first 60 human cases. *World J Surg* 2016;40:491–497.
3. Bakkar S, Al Hyari M, Naghawi M, Corsini C, Miccoli P. Transoral thyroidectomy: A viable surgical option with unprecedented complications—a case series. *J Endocrinol Invest* 2018;41:809–813.
4. Anuwong A, Sasanakietkul T, Jitpratoom P, Ketwong K, Kim HY, Dionigi L, Richmon JD. Transoral endoscopic thyroidectomy vestibular approach (TOETVA): Indications, techniques and results. *Surg Endosc* 2018;32:456–465.
5. Chen Y, Chomsky-Higgins K, Nwagou I, et al. Hidden in plain sight: Transoral and submental thyroidectomy as a compelling alternative to “scarless” thyroidectomy. *J Laparoendosc Adv Surg Tech* 2018;28:1374–1377.

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