

CHOICE OF TACTICS OF TREATMENT OF THYROID NODULES BASED GRADING PROGRAM

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Abstract: the study included 453 patients with thyroid diseases who applied to the Department of Surgery at the clinic of the Samarkand State Medical Institute for complex treatment from 2008 to 2018. In 2008-2013 281 patients were under observation, of which 268 patients underwent various types of strumectomy and 13 patients received conservative therapy. These patients constituted the comparison group. The 2nd main group included 172 patients in 2014-2018, which took into account the factors influencing the choice of treatment. The scoring of factors influencing the choice of the method of surgical intervention in patients with thyroid nodules allows you to choose the best way and improve the results of treatment.

Keywords: thyroid gland, nodular goiter, strumectomy, conservative therapy, complication.

ВЫБОР ТАКТИКИ ЛЕЧЕНИЯ УЗЛОВЫХ ОБРАЗОВАНИЙ ЩИТОВИДНОЙ ЖЕЛЕЗЫ НА ОСНОВЕ БАЛЬНОЙ ПРОГРАММЫ

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Аннотация: в исследование было включено 453 пациентов с заболеваниями щитовидной железы, которые обратились в отделение хирургии клиники Самаркандского государственного медицинского института для комплексного лечения с 2008 по 2018 год. В 2008-2013 гг. под наблюдением находились 281 больной, из них 268 больным выполняли различные виды струмэктомии и 13 больным проведена консервативная терапия. Эти пациенты составили группу сравнения. Во 2-ю основную – группу вошли 172 больных в 2014-2018 гг., которым учитывали факторы, влияющие на выбор способа лечения. Балльная оценка факторов влияющих на выбор способа хирургического вмешательства у больных с узловыми образованиями щитовидной железы позволяет выбрать оптимальный способ и улучшить результаты лечения.

Ключевые слова: щитовидная железа, узловой зоб, струмэктомия, консервативная терапия, осложнение.

Relevance. The problem of timely adequate treatment of pathological formations of the thyroid gland, which today occur in 4-10% of the population, still remains relevant [4, 5, 8]. In the literature available to us there are conflicting data on the factors influencing the choice of treatment of patients with goiter. Despite the use of a complex of modern treatment methods, a satisfactory result is not always achieved, which indicates the need to improve the choice of tactics for treating patients with goiter [10, 12]. The problem of treating patients with thyroid nodules is far from completion [1, 2, 6, 9]. The results of surgical treatment of patients with goiter largely depends on the stage, function and form of the thyroid nodules. In this case, the surgeon faces a difficult task in determining the indications for the use of a particular method of treatment, taking into account various factors [3, 7, 11, 13]. As a rule, when choosing one method of surgery or another, the surgeon considers the possibility of postoperative complications and the risk of goiter recurrence. Therefore, it is of great interest to determine the influence of various factors in the treatment of patients with goiter.

Materials and methods: The study included 453 patients with thyroid disease, who applied to the surgery department of Samarkand State Medical Institute clinic for complex treatment from 2008 to 2018. Among patients there were 351 (77.5%) women and 102 (22.5%) men. The average age of the examined was 35 ± 6 years (from 7 to 72 years).

In 2008-2013 281 (62.0%) patients were observed, of which 268 (95.4%) patients underwent various types of strumectomy and 13 (4.6%) patients received conservative therapy. These patients constituted the comparison group.

The 2nd main group included 172 (38.0%) patients in 2014-2018, which took into account factors influencing the choice of treatment. We evaluated these factors that influence the results of treatment on a scale (certificate of state registration of the computer program No. DGU 05147, Agency on Intellectual Property of the Republic of Uzbekistan). In this regard, the patients of the main group were divided into 3 subgroups (table 1).

Table 1. The distribution of the main group of patients into subgroups

Gender	Group			Total
	1st	2nd	3rd	
Male	1	38	18	57
Female	7	63	45	115
Total	8	101	63	172

Patients of the 1st subgroup with a total score of up to 5 (program for electronic computers No. DGU 05147) (table 2) performed conservative therapy jointly by endocrinologists (table 3). This group consisted of patients who, as a rule, had small nodules (up to 3 cm in diameter) of the thyroid gland without atypical cells during puncture biopsy. In the 2nd subgroup with the number of points from 6 to 9 with nodular formations of one lobe or isthmus of the thyroid gland, hemistrumectomy or resection of the thyroid gland was performed. In the 3rd subgroup, patients with a score of 10 to 12 who had multinodal, diffuse and mixed pathological forms of the thyroid gland underwent subtotal or total thyroidectomy depending on the results of puncture biopsy (table 3).

Table 2. Point system of a choice of a method of treatment of pathological educations of a thyroid gland

No	Factors affecting the choice of treatment	Characteristic factors	Points
1	The degree of enlargement of the thyroid gland in O. Nikolaev	I	0
		II	1
		III	2
		IV	3
		V	4
2	Pathomorphological form of the thyroid gland according to Penchev	Nodular goiter	1
		Diffuse goiter	2
		Mixed goiter	3
3	Localization of the thyroid gland	In one beat	0
		In both lobes	1
4	Thyroid status of the thyroid gland	Hyperthyroidism	0
		Hypothyroidism	1
		Euthyroidism	2
5	Inflammation of the thyroid gland	there is	0
		Not	1
6	Concomitant pathology of vital organs	there is	0
		Not	1

Table 3. The distribution of patients in the main group depending on gender, age and type of treatment

Type of plastic	Gender		Age years			Total
	m	w.	up to 40	from 40 to 60	over 60	
Conservative therapy	1	7	6	2	-	8
Hemistrumectomy	26	41	63	3	1	67
Thyroid resection	12	22	11	21	2	34
Subtotal thyroidectomy	18	43	17	43	1	61
Total thyroidectomy	-	2	-	-	2	2
Total	57	115	97	69	6	172

In the 2nd and 3rd subgroup of patients, the timing of surgical intervention depended on the functional state of the thyroid gland. 28 (17.1%) patients underwent surgical treatment after removal of thyrotoxicosis to euthyroidism (19) and hypothyroidism (9) for 2 to 9 months. 136 (81.8%) patients with eu- and hypothyroid status surgery were performed immediately.

To compare the obtained results, we took 281 patients as a comparison group, who underwent conservative and operative treatment of thyroid nodules without taking into account the scoring. We used the same methods as in the main groups (table 4).

Table 4. The distribution of patients in the comparison group depending on gender, age and type of treatment

Type of plastic	Floor		Age years			Total
	m	w.	up to 40	from 40 to 60	over 60	
Conservative therapy	2	11	9	4	-	13
Hemistrumectomy	25	98	107	16	-	123
Thyroid resection	6	52	39	19	-	58
Subtotal thyroidectomy	10	71	24	54	3	81
Total thyroidectomy	2	4	-	1	5	6
Total	45	236	179	94	8	281

The results of research and discussion. In the early postoperative period, specific complications were noted in 12 (2.8%) patients out of 432 operated on. Moreover, in the comparison group in 9 (3.3%) patients, in the main group in 3 (1.8%) patients. The frequency of complications on the thyroid gland during surgery or in the early postoperative period is directly related to the experience of the surgeon, the number of operations performed by him per year. Table 5 presents data on the frequency of early complications of the surgical method for the treatment of thyroid diseases in our clinic.

Table 5. The frequency of early complications of the surgical method of treating diseases of the thyroid gland

Complications	Type of operation								Total
	Hemistrumectomy		Thyroid resection		Subtotal thyroidectomy		Total thyroidectomy		
	main gr. (n = 67)	cont. gr. (n = 123)	main gr. (n = 34)	cont. gr. (n = 58)	main gr. (n = 61)	cont. gr. (n = 81)	main gr. (n = 2)	cont. gr. (n = 6)	
Bleeding	1	-	-	-	-	1	-	-	2
Transient paresis of the recurrent laryngeal nerve	-	2	-	-	1	-	-	1	4
Thyrotoxic Crisis	-	1	-	-	-	1	-	-	2
Transient hypoparathyroidism	-	-	-	1	1	2	-	-	4
Total	1	3	-	1	2	4	-	4	12

In the late postoperative period, it was possible to trace 298 of 432 operated patients, which was 68.9%. The follow-up period for patients after surgery was from 1 to 5 years.

After calling the patients, we conducted a full examination, including clinical examination, palpation, thyroid status assessment using thyroid stimulating hormone, blood thyroid hormones and reflexometry.

Summarizing the results of clinical and hormonal studies, the evaluation of the long-term results of surgical treatment of nodular goiter was carried out. If we consider that the development of hypothyroidism after thyroid surgery is the logical and normal outcome of the operation, which is easily compensated by the appointment of thyroid hormones, then according to this, the full recovery of patients after surgical treatment of nodular goiter is observed in 182 (94.3%) patients (table 6).

Table 6. Long-term results of surgical treatment of diseases of the thyroid gland

Outcomes	Group of patients			
	Core group		Control group	
	abs	%	abs	%
Recovery	120	99.2	169	95.5
Recurrent nodular goiter	one	0.8	7	3.9
Thyroid cancer (according to final histology)	-	-	one	0.6
Total	121	100	177	100

Recurrent nodular goiter was observed in 8 patients (2.7%) for 2 to 6 years. All patients with recurrent nodular goiter did not follow the recommendations of the endocrinologist carefully and did not take thyroid hormones after surgery.

The results of fine needle aspiration biopsy coincided with the final histological result in all cases. That is, in these patients, the good quality of the removed node (s) was confirmed.

Thus, the scoring of factors influencing the choice of the method of surgical intervention in patients with thyroid nodules allows you to choose the best way and improve the results of treatment.

Conclusions. In patients of the main group, the frequency of postoperative complications of surgical treatment of thyroid diseases is very low (1.8%).

The outcome of surgical treatment of diseases of the thyroid gland is favorable. Postoperative relapse within 6 years was observed in 0.8% and 3.9% of patients in the main and control groups, respectively. For the prevention of postoperative recurrence of nodular goiter and the treatment of postoperative hypothyroidism, replacement therapy with thyroid hormone drugs under the control of an endocrinologist is necessary.

References / Список литературы

1. *Davlatov Salim, Xamraeva Dilrabo, Suyarova Zilola.* Analysis of the results of surgical treatment of thyroid nodule // International Journal of Advanced Research and Development (Pp. 43-45).
2. *Davlatov S.S. et al.* Plasmapheresis in the treatment of cholemic endotoxemia // Akademicheskii zhurnal Zapadnoy Sibiri. 2013. T. 9. №. 1. С. 30-31.
3. *Kasymov S.Z., Davlatov S.S.,* 2013. Hemoperfusion as a method of homeostasis protection in multiple organ failure syndrome. ВВК 51.1 74.58, 22. (Pp. 85).
4. *Kasimov S. et al.* Haemosorption In Complex Management Of Hepatargia //The International Journal of Artificial Organs. 2013. T. 36. №. 8. С. 548.
5. *Malik A. et al.* Hypertension-related knowledge, practice and drug adherence among inpatients of a hospital in Samarkand, Uzbekistan //Nagoya journal of medical science. 2014. T. 76. №. 3-4. С. 255.
6. *Sultanbaevich B.A. et al.* Analysis of the results of surgical treatment of patients with thyroid nodules //Вопросы науки и образования. 2019. №. 4 (49).
7. *Shamsiyev A.M., Khusinova S.A.* The Influence of Environmental Factors on Human Health in Uzbekistan //The Socio-Economic Causes and Consequences of Desertification in Central Asia. Springer, Dordrecht, 2008. С. 249-252.
8. *Yusupov S.A. et al.* Отдаленные результаты оперативного лечения узловых образований щитовидной железы //Здобутки клінічної і експериментальної медицини. 2017. №. 1.
9. *Гариб Ф.Ю. и др.* Иммунозависимые болезни. 1996.

10. *Даминов Ф.А. и др.* Хирургическая тактика лечения диффузно-токсического зоба //Академический журнал Западной Сибири. – 2013. – Т. 9. №. 1. С. 21-21.
11. *Зайниев А.Ф., Юнусов О.Т., Суярова З.С.* Результаты хирургического лечения больных узловым зобом //Вестник науки и образования. 2017. Т. 1. №. 6 (30).
12. *Шамсиев А.М., Атакулов Д.О., Юсупов Ш.А., Юлдашев Б.А.* Влияние экологических факторов на частоту хирургических заболеваний у детей./Проблемы опустынивания в Центральной Азии и их региональное стратегическое решение //Тезисы докладов. Самарканд. 2003. С. 86-87.
13. *Шамсиев А.М., Хамраев А.Ж.* Малая хирургия детского возраста. O'qituvchi, 2006.