

Medullary carcinoma of the thyroid requires total thyroidectomy with removal of the central lymph nodes in the neck. Completeness of the procedure and monitoring for recurrence are determined by measurements of serum calcitonin.

Anaplastic carcinoma is treated with isthmusectomy to confirm the diagnosis and to prevent tracheal compression, followed by palliative x-ray treatment. Thyroid lymphomas are also treated with x-ray therapy or chemotherapy or both.

The prognosis for well-differentiated thyroid carcinomas is good. The patient's age at the time of diagnosis and sex are the most important prognostic factors. Men older than 40 years of age and women older than 50 years of age have higher recurrence and death rates than do younger patients. The 5-year survival rate for invasive medullary carcinoma is 50%, whereas the mean survival time for anaplastic carcinoma is 6 months.

 For a deeper discussion on this topic, please see Chapter 226, "Thyroid," in Goldman-Cecil Medicine, 25th Edition.

SUGGESTED READINGS

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- Franklyn JA: The thyroid—too much and too little across the ages: the consequences of subclinical thyroid dysfunction, *Clin Endocrinol (Oxf)* 78: 1–8, 2013.
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- Gullo D, Latina A, Frasca F, et al: Levothyroxine monotherapy cannot guarantee euthyroidism in all athyreotic patients, *PLoS ONE* 6:e22552, 2011.
- Wiersinga WM: Do we need still more trials on T4 and T3 combination therapy in hypothyroidism?, *Eur J Endocrinol* 161:955–959, 2009.

