Head and Neck Disorders Questions with Answers

Sa flowchart po regardless of high suspicion pattern / benign pattern, they all end up with FNAB. Safe to assume po ba na pag walang available UTZ, pwedeng straight to FNAB nalang?
Yes, we do that. But you have to follow the patient up in case you end up with a non-diagnostic aspirate.

Although FNAB will suffice in diagnosis of most thyroid diseases, is there a role of Core Needle Biopsy in diagnosis of other ANM?
ANM, yes. It all depends on your PWI. Some initial FNAB would ask for more samples for IHCs. etc.. so a tissue biopsy may help. But exercise extra caution since you are dealing with the neck; you have a gamut of structures in there. UTZ helps

Are there times where CT scan or MRI is necessary for surgical planning?
In T4 or T3 lesions, it is prudent to order CT or MRI. CT to delineate tumor from bone (i.e. Bone involvement). MRI is soft tissue; nerve involvement. Adenoid cystic Ca has a propensity for nerve involvement. usually you see this as thickening of the nerve or canal it passes thru

Have there been cases where a patient who underwent total thyroidectomy either didn't need hormone replacement or still had hyperthyroid symptoms?
None from experience. But ectopic thyroid tissue in not uncommon. They may produce Tg but not enough to fully/ adequately replace thyroid hormone

Is empiric Calcium prophylaxis routinely given for all thyroidectomy patients?
ah no, it is a school of thought you dont have to subscribe to. Especially, if you only do a lobectomy; and are certain you get to preserve to contralateral parathyroid glands then no need.
Postop monitoring is key.

in case of total thyroid excision, how and where are the parathyroid glands returned or reimplanted?
Common practice is radial forearm implantation. Others implant along the length of the SCM. Since you're already there; you see it sa operative field.

Sir, in any kind of parotidectomy po, is it under GA or Regional anesthesia?
Ah, you mean nerve block? Yes, they do it. But in a training setting, we err on the side of caution, and do it under GA.

Good day Sir. regarding the facial nerve branches po, what branch po would you least prioritize to save if forced to transect one? Conversely Sir, what branch would you want to save most? Thank you Sir.
Cervical branch has least prioritization. You want to save mandibular; because ADLs are affected most (eating, drinking, mastication, speech)
But the dictum is preserve all; of you foresee transection or have iatrogenic transection, nerve reimplant either immediate or delayed is always an option.

What is the preferred management for benign and malignant salivary gland tumors? What are the cases wherein you have to sacrifice the facial nerve?
simplest answer, when there is involvment already. I.e. facial paralysis PREOP. or when INTRAOP, nerve is encased already.

For benign, if in the superfical lobe, superficial parotidectomy if in deep lobe, a total paratodiectomy OR a deep lobe parotidecotmy via a transcervical approach.

The case a while ago was a high grade malignant lesion of parotid. Nerve was encased alrady

Good morning Sir! For biopsy of multiple thyroid nodules do we get a sample from each nodule?
Hi, we biopsy the nodule that is most suspicious looking or the nodule that we think would give us a diagnostic result. In terms of surgical management, we to a lobectomy or a total thyroidectomy; subtotal lobectomy has fallen out of favor already. It isn't oncologically sound kasi.