

2020 - TREATMENT OF BENIGN THYROID NODULES BY THERMAL LASER OR RADIOFREQUENCY ABLATION

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Introduction: thyroid nodular pathology has a high prevalence in the general population, affecting more than 50 % of healthy people. Most thyroid nodules (TN) are benign and asymptomatic, stable in size and do not require treatment. However, some may grow progressively and without control, leading to pain, hoarseness, dysphagia or dyspnea, as well as alterations of an aesthetic nature that make treatment necessary. Currently, surgery is considered the treatment of choice, and like other surgical interventions requiring general anaesthesia, is not without risks. However, in high-risk surgical patients or those who reject surgery, less invasive alternatives are proposed, such as image-guided thermal ablation procedures, whose objective is to reduce the volume of TN and improve local symptomatology and aesthetics. These include laser ablation (LA) and radiofrequency (RF) ablation, whose benefit/risk balance, ambulatory nature and rapid patient recovery times seem to favour their use.

Objectives: to assess the safety and clinical effectiveness of thermal laser and radiofrequency ablation in the treatment of symptomatic benign solid TN compared to standard treatment (surgery or surveillance).

Methods: a review of the scientific literature was carried out without time limitation until November 2018 in repositories of clinical practice guidelines (G-I-N, National Guideline Clearinghouse, SIGN and Tripdatabase), specialized databases of evaluation reports and systematic reviews (HTA, CRD, INAHTA, the Cochrane Library Plus), general databases (Medline, Embase and ISI Wok) and clinical trials (ClinicalTrial.gov). In order to complete this phase, a manual review of the bibliography cited in these articles and additional searches of meta-search engines and websites of national and international scientific organisations and/or societies were carried out. Two independent reviewers reviewed the articles resulting from the automated search and selected studies based on previously established inclusion and exclusion criteria. All of the information was extracted from evidence tables and analysed in pairs, taking into account the risk of bias of the included studies and the quality of the evidence.

Results, Discussion & conclusions: See pdf below

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