
Editorial

Thyroid Gland

The thyroid is responsible for 13 important functions of the body. The treatment for its disorders involves medical as well as surgical disciplines. One very provocative article in a major endocrine textbook even postulates that the ability to trap iodine and iodinize the thyroid gland may have been responsible for man's evolutionary trajectory causing him to split away from the hominids before him. There are quite a lot of books that chronicle the history of thyroid surgery excellently. And, if you read through them, you will be horrified. Early surgical attempts were crude and accompanied by a horrifically high mortality. This was due to lack of hemostasis, crude attempts at anesthesia and accompanying infections.

But, we have come a long way because of improved understanding of the thyroid gland both anatomically as well as physiologically. Our understanding now goes up to the molecular level and, hopefully, one day thyroid diseases will be overcome before they get the opportunity to establish through gene mapping and of course gene therapy.

We have come a long way because of the efforts and industry of giants, like Billroth, Halstead and Kocher. Today, all our refinements and nuances are possible because of the giants of the past who struggled to understand problems originating from the thyroid gland and solutions for them. And, this was in an era where medicine as we know it today was really in its infancy. There were no intricate precise blood tests, computed tomography scans or magnetic resonance imaging to guide them. Sheer intelligence, honesty and dedication made their discoveries possible. These, in turn, have benefitted us today. Theodore Kocher, the great Swiss surgeon, was awarded the Nobel Prize in 1908, for his work on the physiology, pathology and surgery of the thyroid gland.

We stand today a great deal farther down the road of thyroid surgery. We are a lot more comfortable for we are well equipped to deal with most things concerning thyroid surgery.

Thyroid surgery has now reached the stage of finesse and nuance. The thyroid surgeon now needs to be fully aware of what needs to be done for a variety of conditions that present themselves to him and what protocol he should follow. Being familiar with carrying out either a hemithyroidectomy or total thyroidectomy is not enough. The thyroid surgeon needs to be completely familiar with various treatment modalities, various protocols and the complete array of investigative modalities that are available.

Following the radiation caused by the nuclear accident at Chernobyl and at Fukushima, the thyroid continues to be at risk and we are going to see more and more problems of the thyroid that are radiation induced. Thanks to the efforts of Billroth, Halstead and Kocher, and countless other dedicated thyroid surgeons who have contributed to the medical literature on this subject we are now better prepared to deal with them. Still it is wise to think of ourselves as placed on an evolutionary continuum where paradigms are meant to be challenged and changed as our understanding of thyroid problems improve.

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