Thyroid carcinomas are a heterogeneous group of tumours that show considerable variability in biologic behavior, histologic appearanace and response to therapy. Although benign thyroid nodules are common, clinically detectable thyroid carcinoma is rare representing approximately 1% of all malignancies. Thyroid carcinoma occurs with an incidence of 25to 40 cases per million population per year.

For example: In the United States more than11.000 patients per year are treated for carcinoma of the thyroid.

The annual mortality from thyroid carcinoma in the United States is only 6 per 1 million population or approximately 1050 patients per year. This discrepancy between incidence and mortality rate presumably reflects the favorable prognosis for most thyroid carcinomas, although these tumours are capable of aggressive behavior, with metastatic disease and ultimately death.

Some papillary cancers can be treared with conservative procedures that involve resection of the lobe and isthmus in young patients, the patient is put on appropriate amounts of thyroid hormone with thyroid stimulating hormone suppression and usually lives a normal life without evidence of recurrence.

Follicular and medullary cancers, on the other hand can be substantially more aggressive and often are. The surgical approach, therefore should likewise be very aggressive as has been detailed.

Anaplastic cancers result in death in essentially all patients in a very short time frame and surgical treatment probably does not play an important role.

Operating on thyroid cancer requires a great deal of judgment and patience, and an even greater amount of skill, with very particular attention to detail in achieving optimal operative exporure of vital structures.