

HIRURGIJA ŠTITASTE ŽLEZDE U XXI VEKU

THYROID SURGERY IN THE 21ST CENTURY

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SAŽETAK

Posle prve četvrtine XXI veka koja je već za nama možemo reći da hirurgija uopšte a i hirurgija štitaste žlezde nije ni nalik na ono što je predstavljala ne samo tokom već i krajem XX veka. Savremena hirurgija štitaste žlezde podrazumeva napredak u svim oblastima koje je prate a ne sa nio u hirurgiji.

Nema savremene hirurgije bez savremene anestesiologije koja nam omogućava bezbednu operaciju i kod pacijenata sa ozbiljnim komorbiditetima ali i operacije u regionalnoj anesteziji.

Nema savremene hirurgije bez savremenih endokrinologije koja nam omogućava pravovremenu i preoperativnu dijagnostiku, genetski skrining, savremene metode sistemske terapije.

Nema savremene hirurgije bez savremene radiologije i nuklearne medicine, koje nam omogućavaju invazivne dijagnostičke, ali i terapijske procedure.

Nema savremene hirurgije bez savremene patologije uz primenu savremene klasifikacije bolesti, imunohistohemijskih analiza i primene različitih markera.

Upotrebe različitih sistema za hemostazu, intraoperativnu vizualizaciju paratiroidnih žlezdi, intraoperativnog monitoringa.

I na kraju nema savremene hirurgije štitaste žlezde bez savremenih visoko specijalizovanih endokrinih hirurga koji će sve gore pomenuto sprovoditi u praksi.

ABSTRACT

After the first quarter of the 21st century that has already passed, we can state that surgery in general, and thyroid surgery in particular, is unlike what it represented not only during but also at the end of the 20th century. Modern thyroid surgery encompasses advancements in all related fields, not just in surgery itself.

There is no modern surgery without contemporary anesthesiology, which enables safe operations even in patients with significant comorbidities, as well as surgeries performed under regional anesthesia.

Modern surgery cannot exist without advanced endocrinology, which provides timely preoperative diagnostics, genetic screening, and contemporary systemic therapy methods.

Furthermore, there is no modern surgery without advanced radiology and nuclear medicine, which allow for both invasive diagnostic and therapeutic procedures.

Modern surgery also relies on advanced pathology, utilizing contemporary disease classification, immunohistochemical analyses, and various markers. The use of different hemostatic systems, intraoperative visualization of the parathyroid glands, and intraoperative monitoring are essential components of contemporary surgical practice.

Finally, there can be no modern thyroid surgery without highly specialized endocrine surgeons who implement all of the aforementioned advancements in practice.