

REVIEW ARTICLE

Current controversies in the management of patients with indeterminate thyroid nodules

Alqahtani discusses the management of cytologically indeterminate thyroid nodules. Collectively, strategies aim to treat malignant nodules and avoid unnecessary surgery for asymptomatic benign nodules. Currently, no clear guidelines for the optimal management of cytologically indeterminate thyroid nodules exist to determine whether a conservative approach with long-term observation or surgical intervention should be selected. Thus, personalized approaches have been recommended. Large-scale multicenter prospective studies are needed to elucidate controversial issues. As this topic has not been comprehensively covered based on publications from the Gulf region, this review aims to shed light on remaining controversies.

see page 633

ORIGINAL ARTICLES

Investigation of preoxygenation methods in cesarean surgeries with the oxygen reserve index



Mohs micrographic surgery for pigmented basal-cell carcinomas over the forehead.

Alsharif et al review Mohs micrographic surgery (MMS) trends in Saudi Arabia. Mohs micrographic surgery is a precise surgical technique that has been proven to have the highest cure rate with maximum normal tissue preservation. A total of 70 participants were enrolled in this study. Two-thirds (67%) of the tumors that were treated using MMS were basal-cell carcinomas (BCC), 18.6% were squamous cell carcinomas (SCC), 5.7% were sebaceous carcinoma, 4.3% were dermatofibrosarcoma protuberans (DFSP), and 1.4% were rare tumors such as primary mucinous carcinoma. The most common type of reconstruction used to repair post-MMS defect was primary closure in more than half of the patients followed by secondary intention healing (20%). There were no side effects apart from a hematoma in one patient and wound infection in two patients.

see page 667

Intraoperative medial wall disruption in Dega pelvic osteotomy. Does it effect the radiographic outcome at medium-term?

Danişman et al retrospectively reviewed the records of 95 hips with developmental dysplasia of the hip who were treated with Dega pelvic osteotomy 22 hips in group A and 73 hips in the group B. Preoperative (34.6 versus [vs] 37.2, $p=0.231$), postoperative (17.9 vs 18.4, $p=0.682$), 12th week (18 vs 18, $p=0.504$) and last follow-up (13.3 vs 15.1, $p=0.097$). The acetabular index measurements were comparable between the groups. Corrections achieved during surgery, and during the follow-up period were also comparable between the two groups, indicating no loss of radiographic correction caused by medial wall disruption. 91% of the patients in group A and 90% of group B achieved good or excellent results according to the Severin classification ($p=0.944$). Our study shows that disruption of the medial wall did not have a significant detrimental effect on radiographic correction when performing Dega osteotomy.

see page 687