

Literaturverzeichnis

Hamburger Ärzteblatt 09 | 2022

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Redaktion

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S. 12 – 17: Schilddrüsenknoten – operieren oder kontrollieren?

Von Dr. Judith Dibbern, Prof. Dr. Volker Fendrich

1. Volzke H, Ludemann J, Robinson DM et al. The prevalence of undiagnosed thyroid disorders in a previously iodine-deficient area. *Thyroid* 2003;13:803–810.
2. Paschke R. Molecular pathogenesis of nodular goiter. *Langenbecks Arch Surg* 2011;396:1127–1136.
3. Reiners C, Wegscheider K, Schicha H, et al (2004) Prevalence of thyroid disorders in the working population of Germany: ultrasonography screening in 96,278 unselected employees. *Thyroid* 2004;14:926–932.
4. Brito JP, Gionfriddo MR, Al Nofal A et al. The accuracy of thyroid nodule ultrasound to predict thyroid cancer: systematic review and meta-analysis. *J Clin Endocrinol Metab* 2014;99:1253–1263.
5. Durante C, Costante G, Lucisano G et al. The natural history of benign thyroid nodules. *JAMA* 2015;313:926–935.
6. Ahn HS, Kim HJ, Welch HG. Korea's thyroid-cancer "epidemic"-screening and overdiagnosis. *N Engl J Med* 2014;371:1765–1767.
7. Bibbins-Domingo K, Grossman DC, Curry SJ et al. Screening for Thyroid Cancer. *JAMA* 2017;317:1882.
8. Hagag P, Strauss S, Weiss M. Role of ultrasound-guided fine-needle aspiration biopsy in evaluation of nonpalpable thyroid nodules. *Thyroid* 1998;8:989–995.
9. Bartsch DK, Luster M, Buhr HJ, Lorenz D, Germer CT, Goretzki PE. German Society for General and Visceral Surgery, Indications for the Surgical Management of Benign Goiter in Adults. *Dtsch Arztebl Int* 2018;115:1–7.
10. Musholt TJ, Bockisch A, Clerici T, Dotzenrath C, Dralle H, Goretzki PE, Hermann M, Holzer K, Karges W, Krude H, Kussmann J, Lorenz K, Luster M, Niederle B, Nies C, Riss P, Schabram J, Schabram P, Schmid KW, Simon D, Spitzweg C, Steinmüller T, Trupka A, Vorländer C, Weber T, Bartsch DK. Leitliniengruppe der CAEK. Update of the S2k guidelines: Surgical treatment of benign thyroid diseases. *Chirurg* 2018;89:699–709.
11. Trimboli P, Giovanella L, Crescenzi A et al. Medullary thyroid cancer diagnosis: an appraisal. *Head Neck* 2014;36:1216–1223.
12. Kim M, Chung SR, Jeon MJ et al. Determining Whether Tumor Volume Doubling Time and Growth Rate Can Predict Malignancy After Delayed Diagnostic Surgery of Follicular Neoplasm. *Thyroid* 2019;29:1418–1424.
13. Kizilgul M, Shrestha R, Radulescu A, Evasovich MR, Burmeister LA. Thyroid nodules over 4 cm do not have higher malignancy or benign cytology false-negative rates. *Endocrine* 2019;66:249–253.
14. Horvath E et al. An Ultrasonogram Reporting System for Thyroid Nodules Stratifying Cancer Risk for Clinical Management. *J Clin Endocrinol Metab* 2009;5:1748–1751.
15. Kwak JY et al. Thyroid Imaging Reporting and Data System for US Features of Nodules: A Step in Establishing Better Stratification of Cancer Risk. *Radiology* 2011;3:892–899.
16. Russ G, Royer B, Bigorgne C, Rouxel A, Bienvenu-Perrard M, Leenhardt L. Prospective evaluation of thyroid imaging reporting and data system on 4550 nodules with and without elastography. *Eur J Endocrinol* 2013;168:649–55.
17. Tessler FN, Middleton WD, Grant EG, Hoang JK, Berland LL, Teefey SA, Cronan JJ, Beland MD, Desser TS, Frates MC, Hammers LW, Hamper UM, Langer JE, Reading CC, Scoutt LM, Stavros AT. ACR Thyroid Imaging, Reporting and Data System (TI-RADS): White Paper of the ACR TI-RADS Committee. *J Am Coll Radiol* 2017;14:587–595.

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18. Trimboli P, Durante C. Ultrasound risk stratification systems for thyroid nodule: between lights and shadows, we are moving towards a new era. *Endocrine* 2020;69:1–4.
19. Feldkamp J, Führer D, Luster M, Musholt TJ, Spitzweg C, Schott M. Fine Needle Aspiration in the Investigation of Thyroid Nodules. *Dtsch Arztebl Int* 2016;113:353–359.
20. Gharib H, Papini E, Paschke R et al. for the AACE/AME/ETA Task Force on Thyroid Nodules Endocrine Practice. American Association of Clinical Endocrinologists, Associazione Medici Endocrinologi and European Thyroid Association. Medical guidelines for clinical practice for the diagnosis and management of thyroid nodules 16 (Suppl 1) 2016;16:1–43.
21. Dietlein M, Dressler J, Eschner W, Leisner B, Reiners C, Schicha H. Deutsche Gesellschaft für Nuklearmedizin; Deutsche Gesellschaft für Medizinische Physik. Procedure guideline for thyroid scintigraphy (version 3). *Nuklearmedizin* 2007;46:203–5.
22. Luster M, Simon D. Von der fehlenden Übertragbarkeit internationaler Leitlinien zur Schilddrüsendiagnostik. Ein deutscher Sonderweg? *Nuklearmedizin* 2011;50:175–177.
23. Eszlinger M, Hegedus L, Paschke R. Ruling in or ruling out thyroid malignancy by molecular diagnostics of thyroid nodules. In: Hegedüs L. Nodular goiter, epidemiology, diagnosis, and therapy. *Best Practice and Research Clinical Endocrinology & Metabolism* 2014;28:545–557.
24. Ha SM, Baek JH, Choi YJ, et al. Malignancy risk of initially benign thyroid nodules: validation with various Thyroid Imaging Reporting and Data System guidelines. *Eur Radiol* 2019;29:133–140.
25. Dietlein M, Grünwald F, Schmidt M, Schneider P, Verburg FA, Luster M. Radioiodine therapy for benign thyroid diseases (version 5). German Guideline. *Nuklearmedizin* 2016;55:213–220.
26. Barczynski M, Konturek A, Stopa M et al. Total thyroidectomy for benign thyroid disease: is it really worthwhile? *Ann Surg* 2011;254:724–729.
27. Schneider M, Dahm V, Passler C et al. Complete and incomplete recurrent laryngeal nerve injury after thyroid and parathyroid surgery: Characterizing paralysis and paresis. *Surgery* 2019;166:369–374.
28. Maneck M, Dotzenrath C, Dralle H et al. Logopädie nach Schilddrüsenoperationen in Deutschland: eine Routinedatenanalyse von 50.676 AOK-Patienten. *Chirurg* 2019;90:223–230.
29. Aspinall S, Oweis D, Chadwick D. Effect of surgeons' annual operative volume on the risk of permanent Hypoparathyroidism, recurrent laryngeal nerve palsy and Haematoma following thyroidectomy: analysis of United Kingdom registry of endocrine and thyroid surgery (UKRETS). *Langenbecks Arch Surg* 2019;404:421–430.

Angaben zu möglichen Interessenkonflikten: keine

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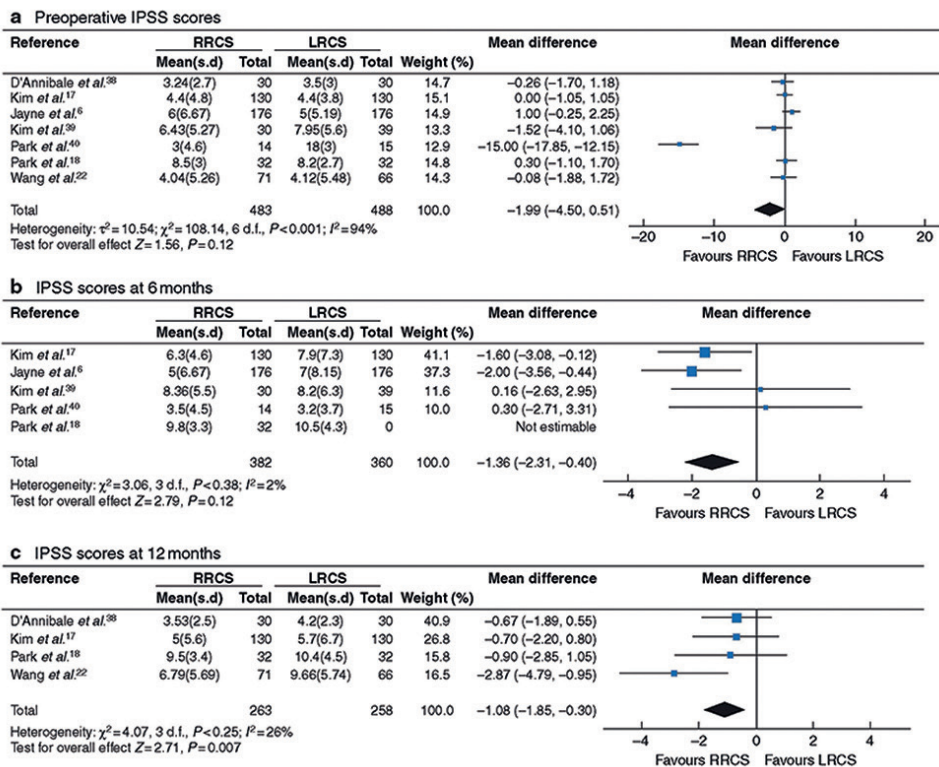
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S. 30 – 32: Rektumresektion: Vorteile Roboter-assistierter Verfahren.

Von Prof. Dr. Daniel Perez

Abb. 4: Tabelle: Vorteile der Da-Vinci-assistierten Operationstechnik bezüglich Miktionsstörungen bei männlichen Patienten



1. Bonjer HJ, Deijen CL, Abis GA, Cuesta MA, van der Pas MH, COLOR II Study Group et al. A randomized trial of laparoscopic versus open surgery for rectal cancer. *N Engl J Med.* 2015 Apr 2;372(14):1324-32.
2. Park JW, Kang SB, Hao J, Lim SB, Choi HS, Kim DW et al. Open versus laparoscopic surgery for mid or low rectal cancer after neoadjuvant chemoradiotherapy (COREAN trial): 10-year follow-up of an open-label, non-inferiority, randomised controlled trial. *Lancet Gastroenterol Hepatol.* 2021 Jul;6(7):569-577.
3. Ghadban T, Reeh M, Bockhorn M, Grotelueschen R, Bachmann K, Grupp K et al. Decentralized colorectal cancer care in Germany over the last decade is associated with high in-hospital morbidity and mortality. *Cancer Manag Res.* 2019 Mar 12;11:2101-2107.

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4. Fleshman J, Branda M, Sargent DJ, Boller AM, George V, Abbas M et al. Effect of Laparoscopic-Assisted Resection vs Open Resection of Stage II or III Rectal Cancer on Pathologic Outcomes: The ACOSOG Z6051 Randomized Clinical Trial. *JAMA*. 2015 Oct 6;314(13):1346–55.
5. Stevenson ARL, Solomon MJ, Brown CSB, Lumley JW, Hewett P, Clouston AD, Australasian Gastro-Intestinal Trials Group (AGITG) ALaCaRT investigators et al. Disease-free Survival and Local Recurrence After Laparoscopic-assisted Resection or Open Resection for Rectal Cancer: The Australasian Laparoscopic Cancer of the Rectum Randomized Clinical Trial. *Ann Surg*. 2019 Apr;269(4):596–602.
6. Perez D, Woestemeier A, Ghadban T, Stein H, Gomez-Ruiz M, Izbicki JR et al. Standardisierte Zugangsoptionen für die kolorektale Chirurgie mit dem Da-Vinci-Xi-System. *Chirurg*. 2019 Dec;90(12):1003–1010. German.
7. Jayne D, Pigazzi A, Marshall H, Croft J, Corrigan N, Copeland J et al. Effect of Robotic-Assisted vs Conventional Laparoscopic Surgery on Risk of Conversion to Open Laparotomy Among Patients Undergoing Resection for Rectal Cancer: The ROLARR Randomized Clinical Trial. *JAMA*. 2017 Oct 24;318(16):1569–1580.
8. Egberts JH, Kersebaum JN, Mann B, Aselmann H, Hirschburger M, Graß J et al. Defining benchmarks for robotic-assisted low anterior rectum resection in low-morbid patients: a multicenter analysis. *Int J Colorectal Dis*. 2021 Sep;36(9):1945–1953.
9. Emmertsen KJ, Laurberg S. Low anterior resection syndrome score: development and validation of a symptom-based scoring system for bowel dysfunction after low anterior resection for rectal cancer. *Ann Surg*. 2012 May;255(5):922–8.
10. Grass JK, Chen CC, Melling N, Lingala B, Kemper M, Scognamiglio P et al. Robotic rectal resection preserves anorectal function: Systematic review and meta-analysis. *Int J Med Robot*. 2021 Dec;17(6):e2329.
11. Grass JK, Persiani R, Tirelli F, Chen CC, Caricato M, Pecorino A et al. Robotic versus transanal total mesorectal excision in sexual, anorectal, and urinary function: a multicenter, prospective, observational study. *Int J Colorectal Dis*. 2021 Dec;36(12):2749–2761.
12. Kim HJ, Choi GS, Park JS, Park SY, Yang CS, Lee HJ. The impact of robotic surgery on quality of life, urinary and sexual function following total mesorectal excision for rectal cancer: a propensity score-matched analysis with laparoscopic surgery. *Colorectal Dis*. 2018 May;20(5):O103–O113.
13. Kim HJ, Choi GS, Park JS, Park SY, Yang CS, Lee HJ. The impact of robotic surgery on quality of life, urinary and sexual function following total mesorectal excision for rectal cancer: a propensity score-matched analysis with laparoscopic surgery. *Colorectal Dis*. 2018 May;20(5):O103–O113.

Angaben zu möglichen Interessenkonflikten: vorhanden

National und internationale Beteiligung als Proctor („chirurgischer Lehrer“) in Krankenhäusern bei der Etablierung der robotischen Chirurgie. Dabei Unterstützung der Kollegen bei sicheren und effizienter Verwendung des Systems und der Durchführung der Operationen. Honorar-Vergütung dafür von Firma Intuitive Surgical (Hersteller des DaVinci Systems).

In der Vergangenheit Honorare für Vorträge von selbiger Firma erhalten.

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S. 33: Bilder aus der klinischen Medizin: Posttraumatische Milzarterienembolisation.

Von Dr. Ralf Weser

Zwei Videos zum Beitrag:

Video 1: Kontrolle nach Embolisation

<https://bit.ly/3x1j6fD>

Video 2: Nachweis Blutung Milz

<https://bit.ly/3qb33YO>

S. 34 – 35: Der besondere Fall: Gefährlicher Lebensretter.

Von Dr. Jürgen Axel, Prof. Dr. Herbert Nägele

1. J. Hartmann, Prof. Willems et al. Detektion von HRST, HH Ärzteblatt.3/2022, S.26-28.
2. Drobni ZD et al. Circulation.2 020;V142: 2299-2310.
3. Totzeck, M et al. European Heart J. 2021;42:1632-1635.
4. Grümme L et al. DÄ Supplement DÄ Onkologie. 2/2022:18ff.
5. Wing JR et al. Case report of in NEJM. 2022; Vol.386:779ff.
6. Michel L et al. MMW.2022;V164: 48-54.

Angaben zu möglichen Interessenkonflikten: keine