

**Title: Demographic analysis of thyroid malignancies in a single surgical unit, Teaching Hospital Jaffna.**

*Gobishangar S<sup>1</sup>, Jayanthan. N<sup>1</sup>, Raviraj S<sup>1</sup>*

*<sup>1</sup>Teaching Hospital, Jaffna*

**Introduction:** Thyroid malignancy is a malignancy with very good prognosis when treated appropriately. And it is the most common endocrine malignancy, accounting 1-2% of all new malignant tumours. In general, there are five recognized types of thyroid carcinoma. Papillary Carcinoma, Follicular Carcinoma, Hurthle Cell Carcinoma, Medullary Carcinoma, Anaplastic or Undifferentiated Carcinoma.

**Objective:** To identify the pattern of thyroid malignancy, distribution among males and females and compare with national and international data.

**Methodology:** A retrospective study was conducted using 49 patients who underwent treatment for thyroid malignancy at single surgical unit, Teaching Hospital Jaffna over 8 year period from 2003 to 2010 May. BHT, clinic records, theatre records, histopathological reports and unit computer database records were used to gather data.

**Results:** Results revealed that annually we got between 5 – 8 patients, with higher incidence in females. Male to female ratio was 1: 4.2. International studies shows male to female ratio is 1 : 3. In this study 52 % have papillary, 38% have Follicular, 8% have Medullary and 2% have Anaplastic carcinoma. International data shows papillary 80% Follicular 5-10%, Medullary 5-10%, and Anaplastic carcinoma 1-2%. Peak age groups were 20 – 29 yrs and 50 -59 yrs (37.8%) in our study. International data shows peak incidence between 5<sup>th</sup> to 8<sup>th</sup> decade.

**Conclusion:** Though Thyroid malignancy is less in our part, it mostly affect female as in the other part of the world. But in our study the incidence of Papillary carcinoma was reduced and follicular carcinoma were increased compare to international data. But we have to do a study in whole community before come to the conclusion.