

Journal of Robotic Surgery

Single-port robotic areolar thyroidectomy: technical feasibility and clinical outcomes of 64 consecutive cases

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Online Resource 2

Table S1. Thyroglobulin (Tg) follow-up at 3 months in patients who underwent total thyroidectomy (N = 5)

Variable	Value
Cohort summary	
Total thyroidectomy cases	5
Papillary thyroid carcinoma among total thyroidectomy	5 (100.0)
With 3-month Tg follow-up	5 (100.0)
Anti-Tg antibody status	
Antibody positive (excluded from serum Tg analysis)	3 (60.0)
Antibody negative (analyzed for serum Tg)	2 (40.0)
Serum Tg at 3 months — antibody-negative group (n = 2)	
Individual values (ng/mL)	0.13; < 0.04
Anti-Tg antibody titer trend — antibody-positive group	
Interpretable cases (one seroconversion excluded)	2
Mean decline, pre-operative to 3 months (%)	73.9

Data are presented as n, n (%), or individual values unless otherwise indicated. Serum thyroglobulin is unreliable in the presence of anti-thyroglobulin antibodies; antibody-positive cases were therefore excluded from serum Tg interpretation, and the antibody titer trend is reported instead. Anti-Tg antibody positivity was defined as a titer ≥ 3.0 IU/mL.

Table S2. Per-case thyroglobulin and anti-thyroglobulin antibody findings in the five total thyroidectomy cases

Case	Procedure	Anti-Tg Ab	Pathologic thyroiditis	Pre-op TgAb (IU/mL)	3-mo TgAb (IU/mL)	Decline (%)	3-mo serum Tg (ng/mL)
16	TT + BCND	Positive	Present	151.1	30.0	80.1	NI
28	TT + BCND	Seroconversion	Absent	Negative	Positive	NI	NI
41	TT + SND	Negative	Absent	—	—	—	0.13
53	TT + BCND	Negative	Absent	—	—	—	< 0.04
55	TT + BCND	Positive	Present	29.7	9.6	67.7	NI

Decline (%) = (pre-operative – 3-month) / pre-operative × 100. Case 28 showed postoperative seroconversion (negative → positive) and was not interpretable for antibody decline.

TT, total thyroidectomy; BCND, bilateral central neck dissection; SND, selective neck dissection; Tg, thyroglobulin; Ab, antibody; NI, not interpretable (antibody-positive).