

Finally out of limbo

A biopsy revealed this woman might have cancer, and her only option was a difficult surgery. Here's how Thuy Zhong took charge of her health.



Thuy Zhong was facing a difficult decision.

She was 38 years old, and the Lynbrook resident had spent close to two decades battling Graves' disease, a thyroid disorder that can affect the entire body. Graves' disease speeds up essential physical functions — it can cause a rapid heartbeat, weight loss, insomnia and even extreme anxiety. Untreated, it can lead to dangerous problems with the heart, bones and muscles.

Now her doctor at Plainview Hospital was telling her that she might have thyroid cancer. Zhong had had nodules in her thyroid gland for a few years, and recently one had increased in size. A biopsy revealed abnormal cells — but the best course of action wasn't clear. Justin Yozawitz, MD, FACS, chief of endocrine surgery at Plainview Hospital, explained the dilemma.

The cells had a genetic mutation associated with an increased risk of cancer, he told Zhong, but the only way to know if they were actually malignant was to remove her thyroid and test it. Taking out the butterfly-shaped organ at the base of her neck carried risks: "There are many critical structures nearby, so every move must be precise and meticulous," says Dr. Yozawitz.

Her other option was to take a watch-and-wait approach — but that wasn't risk-free either. If Zhong did have cancer, it might be more advanced by the time it was diagnosed. And keeping her thyroid gland meant that she'd continue to struggle with Graves' disease.

"All I kept thinking was I may or may not have cancer — a limbo that is definitely unsettling," Zhong says. She needed Dr. Yozawitz's help to sort out the best course of action.

A LONG ROAD

Zhong was diagnosed with Graves' disease in her early 20s after a growing list of unexplained symptoms prompted a visit to her doctor. "My nails became really brittle, and there was always a trail of hair wherever I

walked," she recalls. When she began losing weight for no discernable reason, her doctor ordered a blood test; she was showing classic signs of a hyperactive thyroid. Although Graves' disease typically strikes people after the age of 30, Zhong was one of the unlucky few: She was diagnosed with the condition at 23 years old.

Treatment for Graves' disease includes medications to stop the overproduction of thyroid hormone, radioiodine therapy (which uses radioactive iodine to kill thyroid cells and shrink the thyroid gland) or — less often — surgery to remove all or part of the thyroid.

"All I kept thinking was I may or may not have cancer. It was unsettling." — Thuy Zhong

Zhong chose to go on a common antithyroid medication called methimazole. The goal of this treatment is to put the disease into remission and, at first, it worked. But over the next few years, Zhong's Graves' disease kept relapsing.

"I had this on-and-off relationship with my treatment," she says. "When my levels of thyroid hormone were in a good place, we would stop the medication. Then a few years later, my levels would be off again, so I'd have to go back on the medication." At one point, her doctor suggested radioiodine therapy, but she didn't like that idea.

At the time of her biopsy in December 2022, her Graves' disease had relapsed yet again, and Zhong was back on methimazole. Dr. Yozawitz told her that was a factor to consider as she weighed her next step.

"Being on antithyroid medications

long-term is not really ideal," says Dr. Yozawitz. "They have side effects and can cause toxicity to the liver or bone marrow." Zhong could go ahead with radioiodine therapy to essentially shut off her thyroid, but the gland tissue — and therefore the risk of cancer — would remain.

Zhong liked the idea of a definitive solution. "I knew if I had the surgery, the concern for cancer was done and I wouldn't need to undergo chemotherapy or radiation," she says. And the notion of finally curing her Graves' disease was an attractive one. Surgically removing her thyroid gland meant she would need to take thyroid

hormone replacement every day to keep her body systems humming, but that common medication is widely considered simple and low-risk.

As she discussed her options with Dr. Yozawitz, she found herself increasingly reassured. "He answered every question without hesitation and in a very comforting manner," she says. Dr. Yozawitz recommended complete thyroid removal, and she agreed.

PREPARING FOR SURGERY

The surgery would be a delicate one, partly because Zhong's Graves' disease was currently out of control. "Graves' thyroidectomies can be difficult," says Dr. Yozawitz. "The gland tends to be inflamed or even scarred after years of the disease, and that can raise the risk of complications during surgery, such as bleeding or injury to nerves or the parathyroid gland."



Justin Yozawitz, MD (fourth from left), along with the Plainview Hospital surgical team, receiving the Center of Excellence designation for endocrine surgery from the Surgical Review Corporation

Excellence in endocrine surgery

Earlier this year, Plainview Hospital was accredited as a Center of Excellence for endocrine surgery, making it the first in the U.S. to receive the designation from the Surgical Review Corporation, a nonprofit patient safety organization. The distinction recognizes the hospital for its high volume of endocrine surgeries and stellar safety record. Says Justin Yozawitz, MD, FACS, chief of endocrine surgery at Plainview Hospital, “We are proud to provide these specialized surgeries at a high level of care to the Long Island community.”

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He prescribed a potassium iodine solution for Zhong to take for a few weeks leading up to the procedure — it would reduce inflammation and make the thyroid easier to handle in surgery, he told her. He also adjusted her methimazole one last time to bring her thyroid hormone back to a healthy level before the operation. “Manipulating the thyroid poses the risk of releasing a burst of extra hormone into circulation — too much thyroid hormone in a short time can be life-threatening,” he says.

AN UNEXPECTED DISCOVERY

In early April, Zhong checked in to Plainview Hospital for surgery. Dr. Yozawitz made a tiny incision in her neck and began to meticulously work his way around the thyroid to ensure he got every last bit of the gland.

Then he saw something he didn’t expect: Zhong had a growth in her

neck known as a thyroglossal duct cyst (TDC), which hadn’t shown up in previous scans or exams.

TDCs develop during gestation when the body begins building the thyroid gland; they’re rare, and most are found and treated in childhood. They usually don’t cause serious medical problems, but in adults they are more likely to become infected and tender, and in some cases may lead to cancer. There was no question: Zhong’s TDC should come out. So Dr. Yozawitz finished the thyroidectomy and then went right into a second procedure to remove the cyst.

Most thyroid surgery patients are discharged same day, but Zhong stayed overnight because of the TDC procedure. She went home the following morning. A week later, she got the pathology report: The abnormal cells hadn’t yet developed

into cancer. She felt relieved — and grateful that her Graves’ disease was finally gone.

“When it comes to treatment choices, every patient is different and every case is unique,” says Dr. Yozawitz. “Ms. Zhong had suspicious nodules with a risk of cancer, and her Graves’ disease wasn’t staying in remission. For her, surgery made the most sense.”

Zhong now takes a synthetic thyroid hormone replacement pill every day. “I’ve created a routine where I place the pill in a little dish on my nightstand before I go to bed,” she says. “Then in the morning when I wake up, the first thing I do is take the medication.” She’s feeling great. Most of all, she’s grateful to the doctors and staff who supported her as she made her decision, and all the way to recovery and beyond, she says. “My care team was phenomenal.”