NONDIAGNOSTIC FINE NEEDLE ASPIRATION BIOPSY (FNAB) RESULTS: OUR CLINIC EXPERIENCE

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Adequecy of thyroid fine needle aspiration is generally defined by the thyroid follicule cells, amount and quality of colloid. Samples priorly should be evaluated for adequecy. A set of qualifying criteria are specified in Bethesda system to remove subjectivity from the adequacy assessment. Each sample prepared from a thyroid fine needle aspiration should be monitored at least 6 follicules cell groups containing at least 10 cells. In addition to these criteria of assessing the adequacy, the quality of preparation is also very important. Follicular cells should able to observe, the blood or clots should not cover the preapration and painting should be made fine.

Our clinic evaluation results of FNAB are reported as non-diagnostic for 69 patients; 54 females and 13 males. All the patients reported as non-diagnostic were operated without re-biopsy. As these patients evaluated after operation 57 of them; 44 female and 13 male diagnosed as noduler goiter (81.5%), 4 adenomatous hyperplasia (7%), 1 diffuse hyperplasia (1.8%), 1 papiller carsinoma (1.8%), 3 folliculer adenoma (5.4%) and 1 Hurthle cell adenoma (1.8%). Patients with non-diagnostic FNAB results evaluated after operation with histopathologic preparations and reported 96.4% benign and 3.6% malign. (Table 1)

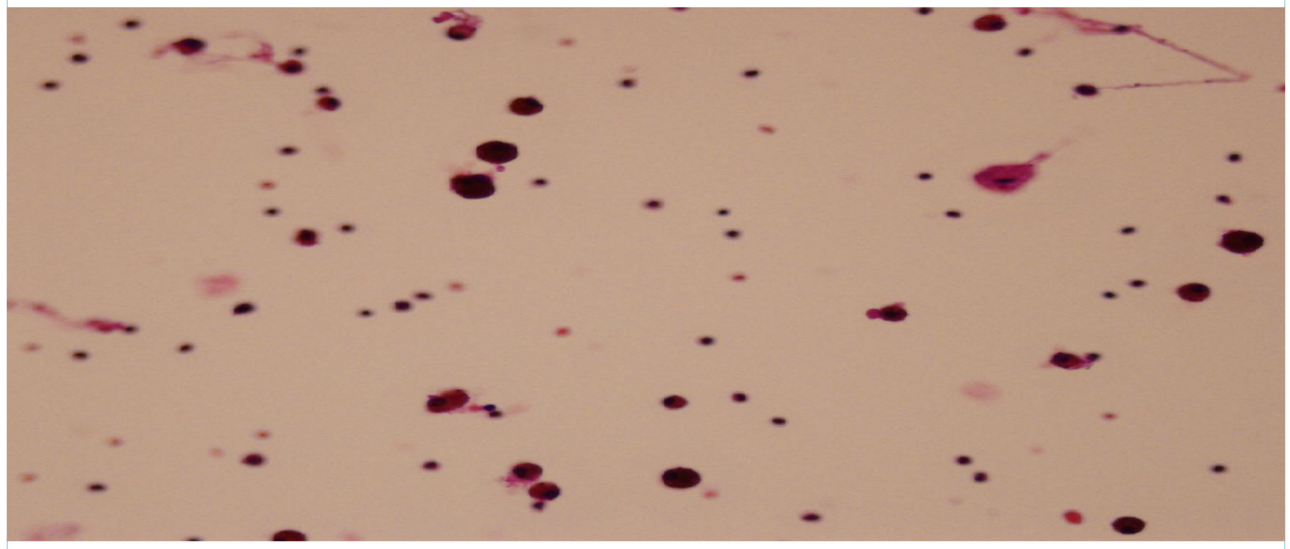
Nodular Hyperplasia	57 (81,5%)
Adenomatous Hyperplasia	4 (7%)
Diffuse Hyperplasia	1 (1,8%)
Hurtle Cell Carcinoma	1 (1,8%)
Malign	61 (96,4%)
Benign	2 (3,6%)

Table 1: Results of non-diagnostic patients after operation without re-biopsy.

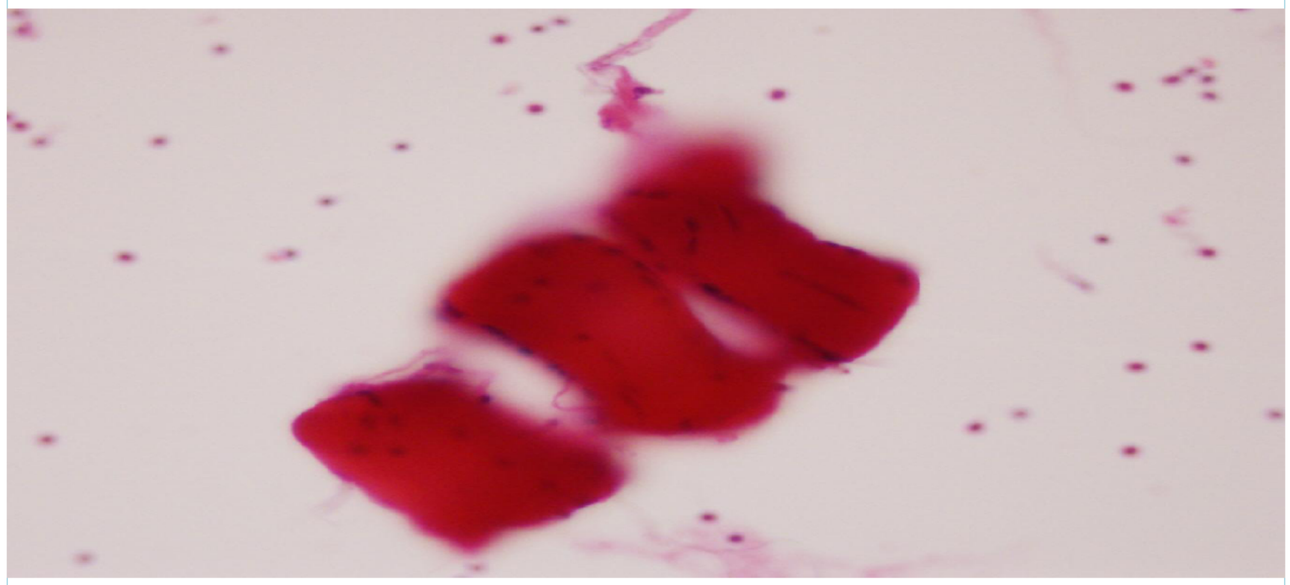
Most of the nodules with non-diagnostic/inadequate FNAB evaluated as benign. These results bring a question to mind ; should these patients operated immediately?.

Insufficient material rate reported in the literature is between 10-28%. In our case, this ratio was determined 17,16% in accordance with the literature.

As Bethesda's clinical approach, patients with non-diagnostic FNAB should be re-aspirated after 3 months. To avoid false positive results depending on regeneration, there must be at least 3 months between 2 aspirations. We believe such an approach would protect patients from unnecessary surgery.



A non-diagnostic smear: histiocytes and peripheral blood smears elements are monitored.



Thyroid follicular cells are not monitored. A non-diagnostic cytology. Skeletal muscle tissue is mixed with colloidal accidentally.

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