HISTOPATHOLOGY RESULTS OF FOLLICULAR NEOPLASIA ACCORDING TO BETHESDA CLASSIFICATION IN THYROID FINE NEEDLE ASPIRATION BIOPSY

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INTRODUCTION AND AIM:

Interpretation of follicular neoplasia classification according to Bethesda system in thyroid fine needle aspiration biopsy is very different among pathologist. A number of definition including “follicular lesion”, “follicular proliferation”, “follicular lesion of undetermined significance”, and “follicular neoplasia” were used in terminology. A clearly discrimination between nodular goitre, follicular adenoma and follicular carcinoma cannot lack due to same cytomorphologic features. Approximately 15% to 30 % of case of follicular neoplasia in thyroid needle aspiration biopsy (FNA) is considered as malignity. Aim of this study is to confirm with histopathologic diagnosis after thyroidectomy in patients with follicular neoplasia according to Bethesda classification.

MATERIALS AND METHODS:

Results of FNA in totally 402 patients with nodular goitre were achieved from our hospital records from 2012 to 2014 year. All the patients had undergone totally or subtotal thyroidectomy. We retrospectively re-evaluated postoperatively biopsy results.

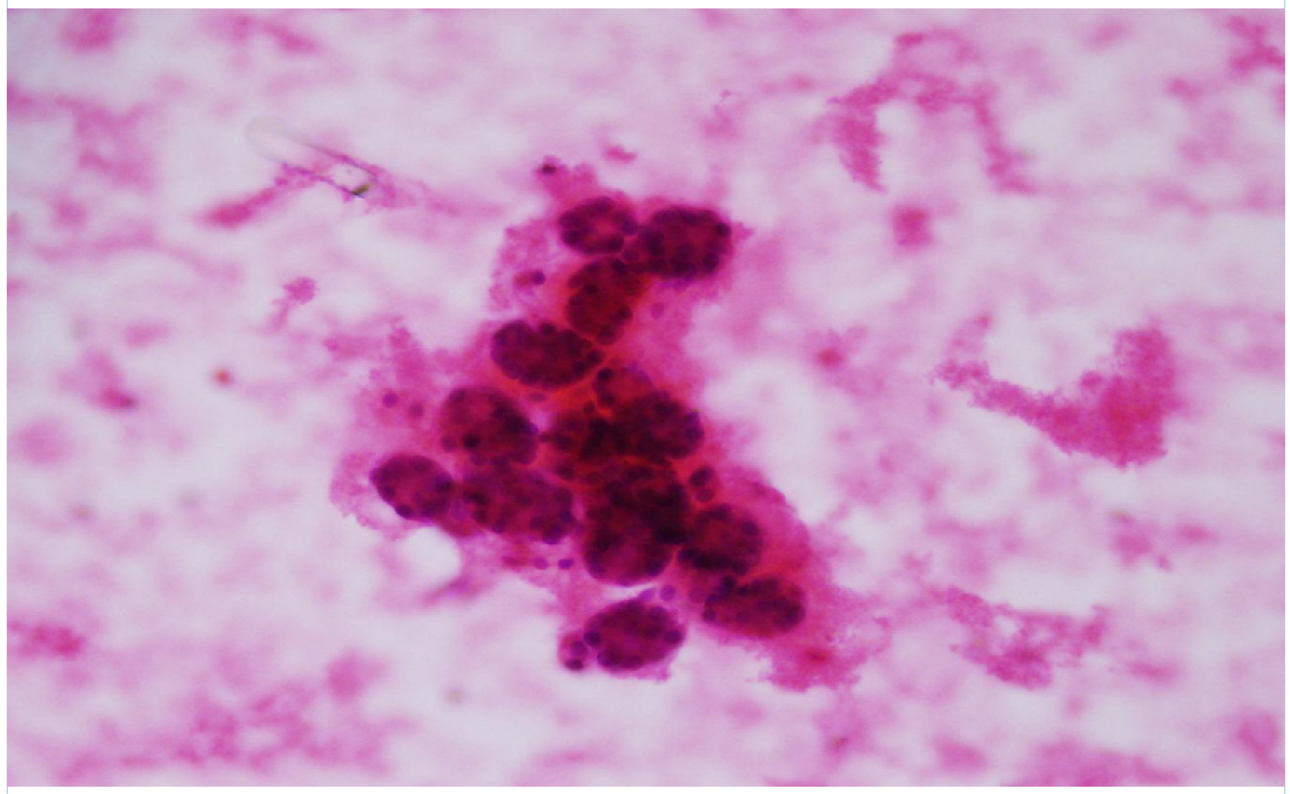
RESULTS:

We described 10 patients whom diagnosis of FNA were follicular neoplasia but results of postoperative biopsy were found adenomatous nodule (n=1), “adenomatous nodule and chronic lenfocytic thyroiditis” (n=1), “papillary carcinoma”, “follicular variant ((n=2)”, “nodulary goitre” (n=4), “adenomatous nodule-hurthlecell variant (n=1)”, “well-differentia follicular neoplasia”.

In some studies folliculer neoplasm categorised as malignancy. In the study of Chang et al 22.4%, and Lopez et al 95.4% evaluated as malignancy suspected. In the study of Yang et al, evaluated in a separate category, in 4703 FNA was found to be 11.6%. In some studies patients diagnosed as follicular neoplasm 30% to 60% of them were evaluated as nodular hyperplasia by histopathological methods. In our series, only 10 of 402 patients were diagnosed with follicular neoplasm. The diagnosis of patients is 2,48%; very low compared to the literature. Histopathologic diagnosis of the examination of these cases is only one of them was diagnosed with malignant papillary carcinoma, follicular variant. One of have been reported as well differentiated follicular neoplasm with uncertain malignant potential.

CONCLUSIONS:

Our finding demonstrated that descriptive criteria of folliculary neoplasia in FNA substantially point out hyperplastic proliferation rather than neoplasia.



Follicular neoplasms diagnosed, mikrofolicul structure consists of hypercellular smear.

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