# CLINICAL OUTCOME OF THYROID NODULES CHARACTERIZED AS ATYPIA OF UNDETERMINED SIGNIFICANCE OR FOLLICULAR LESION OF UNDETERMINED SIGNIFICANCE (THE BETHESDA SYSTEM FOR REPORTING THYROID CYTOPATHOLOGY) AFTER FINE-NEEDLE ASPIRATION.

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# INTRODUCTION

"Atypia of undetermined significance (AUS) or follicular lesion of undetermined significance" category is stablished by The Bethesda System for reporting thyroid cytopathology because of the necessity to report those thyroid fine-needle aspiration (FNA) results that are not easily classified into the benign, suspicious or malignant categories. In most cases, a repeated FNA results in a more definitive interpretation. Estimated risk of malignancy for an AUS nodule is 5-15%.

#### **OBJECTIVE:**

Assess the prevalence of AUS in our area and review the clinical management performed in these cases

#### **DESCRIPTION OF METHODS**

A restrospective study was conducted in which those patients with a result of AUS after thyroid FNA between 2010 and 2013 were included. The following variables were considered: proportion of repeated FNA and average time of delay; consistency between repeated and initial FNA; therapeutical management and malignancy incidence rate.

## RESULTS

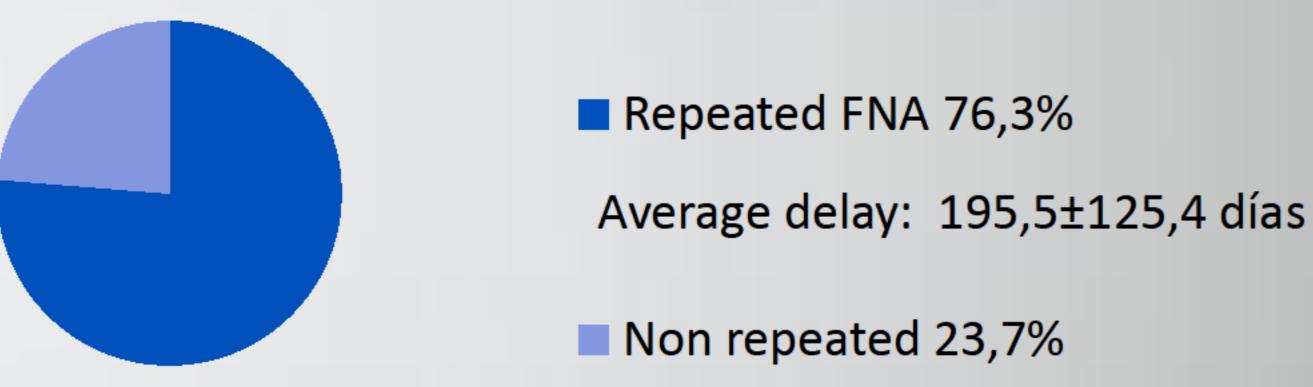


59 patients mean age 48,3± 14,3 years

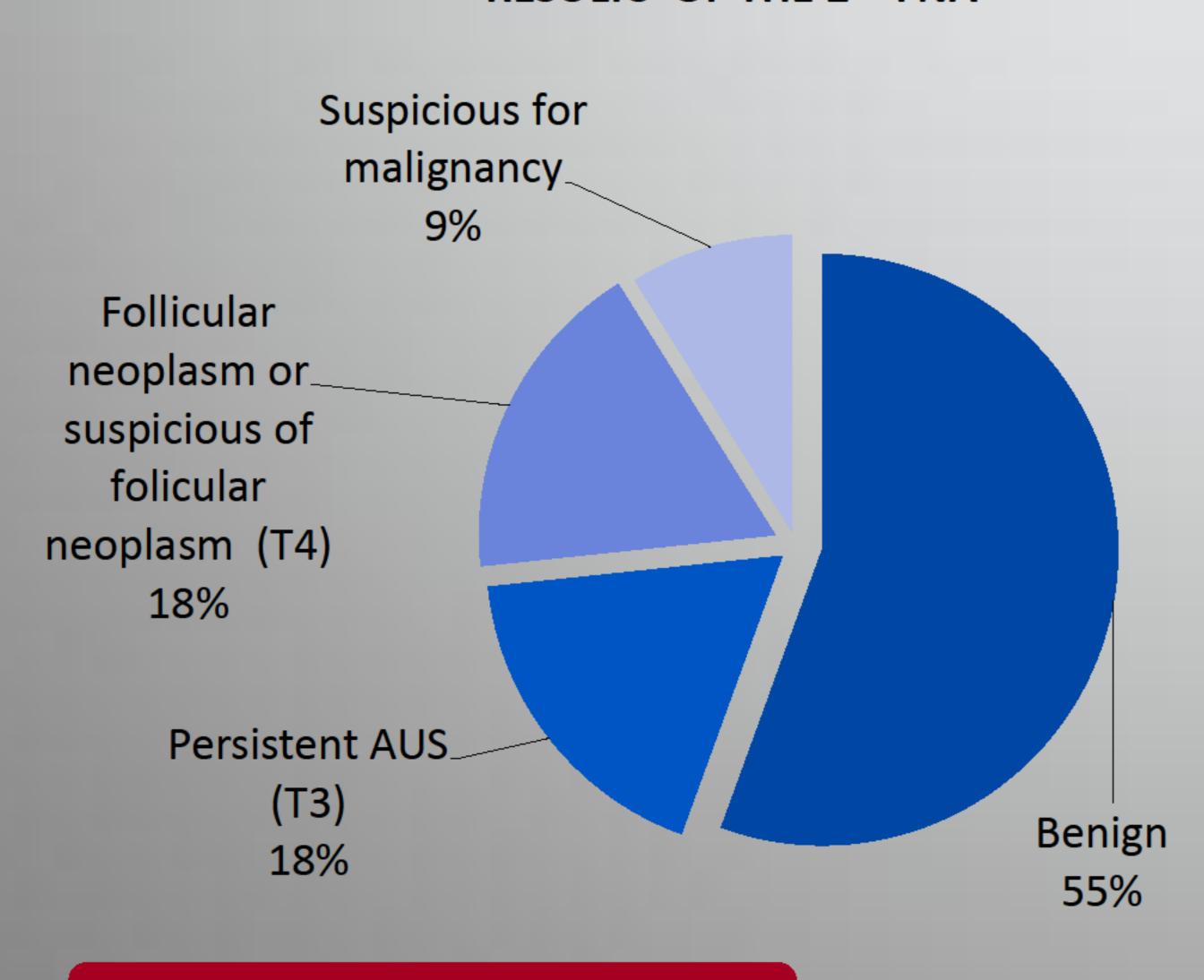
Female 95%

Male 5%

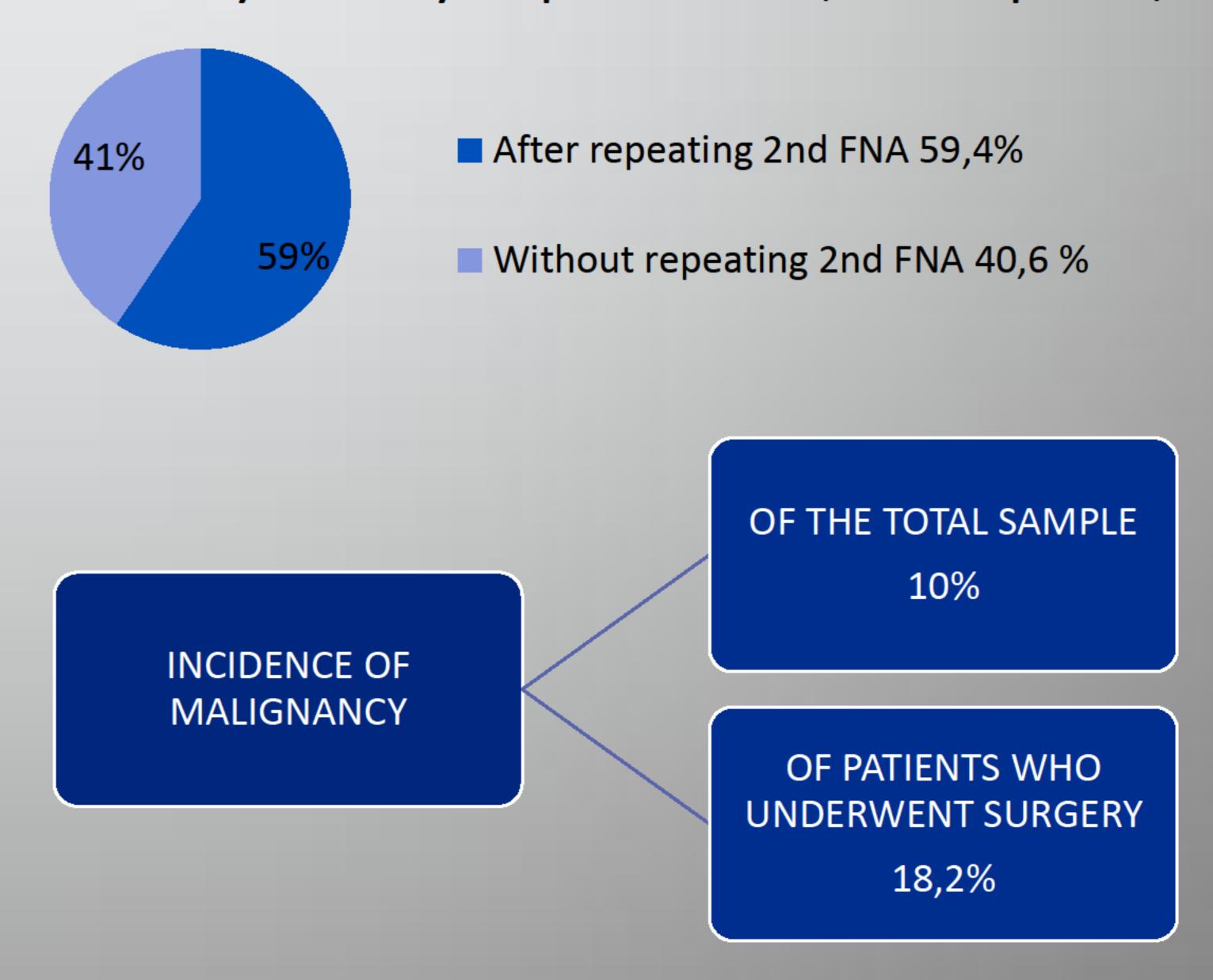
#### Repeated FNA percentage after AUS results



#### **RESULTS OF THE 2<sup>nd</sup> FNA**



### Thyroidectomy was performed in 55,2% of the patients, of which



## CONCLUSION

- Repeating FNA in patients with a result of "Atypia of undetermined significance/folicular lesión of undetermined significance" may contribute to clarify the diagnosis in a large number of cases, helping in the selection of patients who should undergo surgery or alternatively should be observed clinically.
- ❖ The incidence of malignancy detected in our series is consistent with the incidence expected by The Bethesda System.

