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BACKGROUND

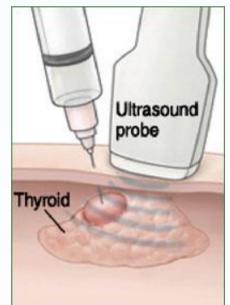
FNAB(Fine needle-aspiration biopsy) is the most accurate and cost-effective method for evaluating thyroid nodules. It is the gold standard in detecting thyroid cancer. The overall incidence of thyroid cancer is 9-13% in patients with thyroid nodule that are eligible for FNAB. If the sample taken is sufficient, a negative FNA-B response eliminates the carcinoma risk in 98-99% of cases.

OBJECTIVES

To access the role of FNAB in the early diagnosis of thyroid cancer in Albania.
To evaluate the Echographic, FNAB and Biopsy data.

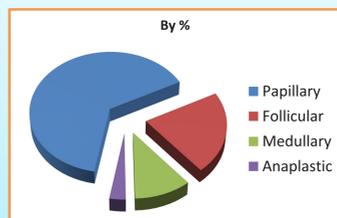
MATERIAL AND METHODS:

This is a retrospective study involving 65 patients with thyroid cancer from 2008-2015. All patient performed FNAB under ultrasonography, before surgery. Age, gender, ultrasound characteristics, FNAB and post-surgery biopsy were studied.



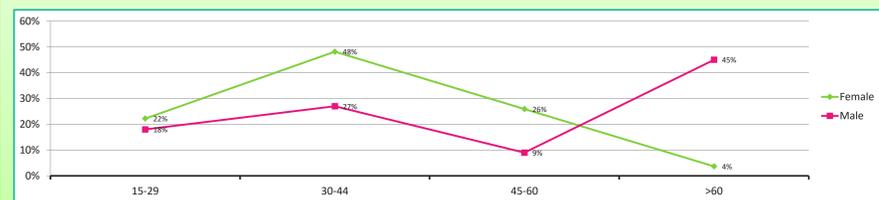
In this study were involved 65 patients.
Spread in percentage.

1. Ca Papillary 42 (65%)
2. Ca Follicular 14 (22%)
3. Ca Medullary 7 (11%)
4. Ca Anaplastic 2 (3%)

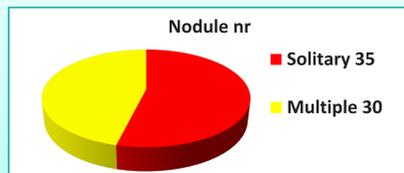
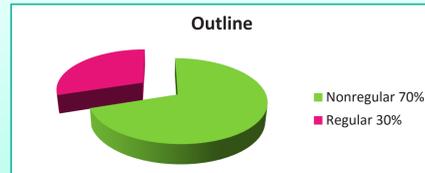


The study showed that papillary carcinoma was the most frequent, three times more often than follicular carcinoma. Less frequent is anaplastic carcinoma.

Age	15-29	30-44	45-60	>60	Tot
Female	12	26	14	2	54
Male	2	3	1	5	11

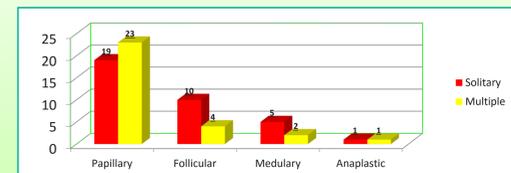


Thyroid cancer affects more women of age 30-44 and in males is more often from the age of 60.



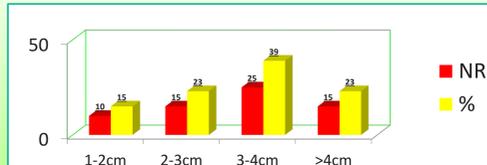
From 65 patient 35 had multinodular goiter and 30 had nodular goiter, showing that the number of nodul isn't important. Nodul with Irregular borders are at high risk for carcinoma.

	Solitary	Multiple
Ca Papillar	19	23
Ca Follicular	10	4
Ca Medullary	5	2
Ca Anaplastic	1	1



The study showed that papillary Ca is more common in SMN. Follicular & Medular ca are more common in nodular goiter.

	nr	%
1-2cm	10	15
2-3cm	15	23
3-4cm	25	39
>4cm	15	23

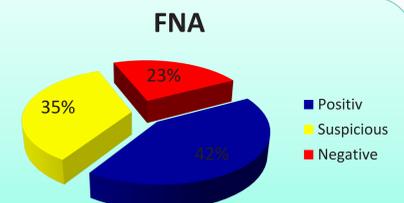


The study showed that Thyroid Ca is more common in 3-4cm nodules.

RESULTS

FNAB results: 42% was positive, 35% was indeterminate and 23% was negative. The study revealed that 15 of 65 patients with thyroid cancer had a negative response to cytoponction. In cases with negative FNAB, post surgery biopsy revealed 13 cases with papillary carcinoma, 2 cases with follicular carcinoma, no cases with anaplastic or medullar carcinoma.

	Pozitiv	Suspicious	Negativ
FNA	42%	35%	23%
NR	27	23	15



CONCLUSION

The study showed that, suspicious or positive cytology should be evaluated for surgery. According to our results, since a negative FNAB response does not exclude the possibility of cancer, an attentive evaluation of the FNAB result and ultrasound pattern is very important before a pre operative diagnosis.

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