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 papillar carcinoma was the most frecuent, three times more ofen than folicular carcinoma.
Less frecuent is anaplastic carcinoma.

From 65 patient 35 had multinodular goiter and 30 had nodular goiter, showing that the number of nodul isnt important.
Nodul with Irregular borderes are at high risk for carcinoma.

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.

FNAB: Positiv 42% 35% 23%
Suspicious 27 23 15
Negativ 2 3 5 11

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

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

**REFERENCES**

- Thyroid ©2015 American Thyroid Association DOI: 10.1089/thy.2015.0020 2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid