What does matter for AUS/FLUS: size, sex or age?

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BACKGROUND

The clinical attitude to the treatment of Bethesda System Category III lesions has been under controversy. Our aim was to analyse three variables and to establish a possible predictive value for carcinoma in patients with AUS/FLUS nodules.

METHODS

Retrospective study of 671 thyroid fine-needle aspirations (FNAs) classified as AUS/FLUS between January 2012 and June 2015. Size, sex and age were analysed using SPSS.

RESULTS

671 (14.8%) FNAs were initially classified as Bethesda’s category III, in a database of 4549 FNAs from 3696 patients.

195 patients underwent surgery. The risk of malignancy for operated patients was 29.7%.

January 2012 – June 2015

N = 3696 patients

4549 thyroid FNAs

671 AUS/FLUS (14.8%)

N=195 patients operated

Carcinomas: 58 (29.7%)

Benign: 137 (70.3%)

Nodule mean size was 24.4mm

Nodules were bigger in men than in women (27mm/24mm)

Follicular carcinomas were larger than papillary carcinomas (34mm/26.8mm).

The median size for histologically benign nodules=26.5mm / malignant nodules =25mm

Relation sex*carcinomas is not significant

The median for histologically benign nodules was in the 6th decade while for carcinomas was in the 4th and 5th

The probability of carcinoma reduces 23.7% per decade according to a multifactorial analysis

DISCUSSION / CONCLUSION

Age was the only variable with predictable value for carcinoma in AUS/FLUS.

The probability of carcinoma reduces 2.3% per year and 23.7% per decade according to a multifactorial analysis.

Patients over 70s have 5 times less probability of carcinoma than those under 40s.

According to that, the authors suggest that surveillance may be enough for patients over 70s with AUS/FLUS nodules.

BIBLIOGRAPHY