Repeating FNA in AUS/FLUS: is it necessary?

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BACKGROUND

The review of the Bethesda System Classification has brought some challenge to the clinical role of category III lesions. Repeating fine-needle aspiration (FNA) is time-consuming, painful, brings additional cost and sometimes does not change the clinical decision. Our aim was to prove if there was true benefit in repeating FNA.

METHODS

Retrospective review of 4549 thyroid FNAs between January 2012 and June 2015, from which 671 classified as AUS/FLUS. SPSS was applied.

RESULTS

January 2012 – June 2015

N = 3696 patients
4549 thyroid FNAs
671 AUS/FLUS (14.8%)
517 1st FNA AUS/FLUS (11.7%)
335 2nd FNA (64.8%)
134 FNA AUS/FLUS (40%)
201 other Bethesda’s

N = 201 operated
87 operated (16.8%)
65 operated
4 operated
21 operated
19 operated
2 operated
15 operated

Malignancy Rate (1st FNA AUS/FLUS) = 24.1%
Malignancy Rate (2nd FNA AUS/FLUS) = 29.2%

CONCLUSION

The authors applied the risk of malignancy rate after a single diagnosis of AUS/FLUS to all patients who had to repeat FNA.

The hypothesis of going directly to surgery instead of second FNA is in the same confidence interval, arguing against the role of repeating FNA.

Bibliography:
2) Malignancy risk for fine-needle aspiration of thyroid lesions according to the Bethesda system for reporting thyroid cytopathology, Vickie Y. Jo et al.