

CYTOLOGICAL EVALUATION OF THYROID NODULES BY FINE-NEEDLE ASPIRATION PERFORMED BY ENDOCRINOLOGISTS. OUR CLINICAL EXPERIENCE IN 2014.

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INTRODUCTION:

Thyroid nodule is a very frequent pathology that affects 4-8% of population. Fine-needle aspiration (FNA) guided by ultrasound (US) is considered the gold standard test in diagnostic evaluation of thyroid nodules. This technique is being assumed more and more frequently by endocrinologists.

OBJECTIVE

The aim of our study is to describe our experience in performing FNA technique guided by US in collaboration with Radiologists.

DESCRIPTION OF METHODS

We conducted a retrospective study that included all thyroid US-guided FNA performed in 2014. We considered the following variables: age, nodule size, cytological result and histological result after surgery

RESULTS

Table 1. Sample features

Nr of patients	185
Nr of FNA	227
Age (years)	56,09 ± 14,44
Sex	85% female
Mean size of nodules (mm) (n:221)	25,9 ± 9,8

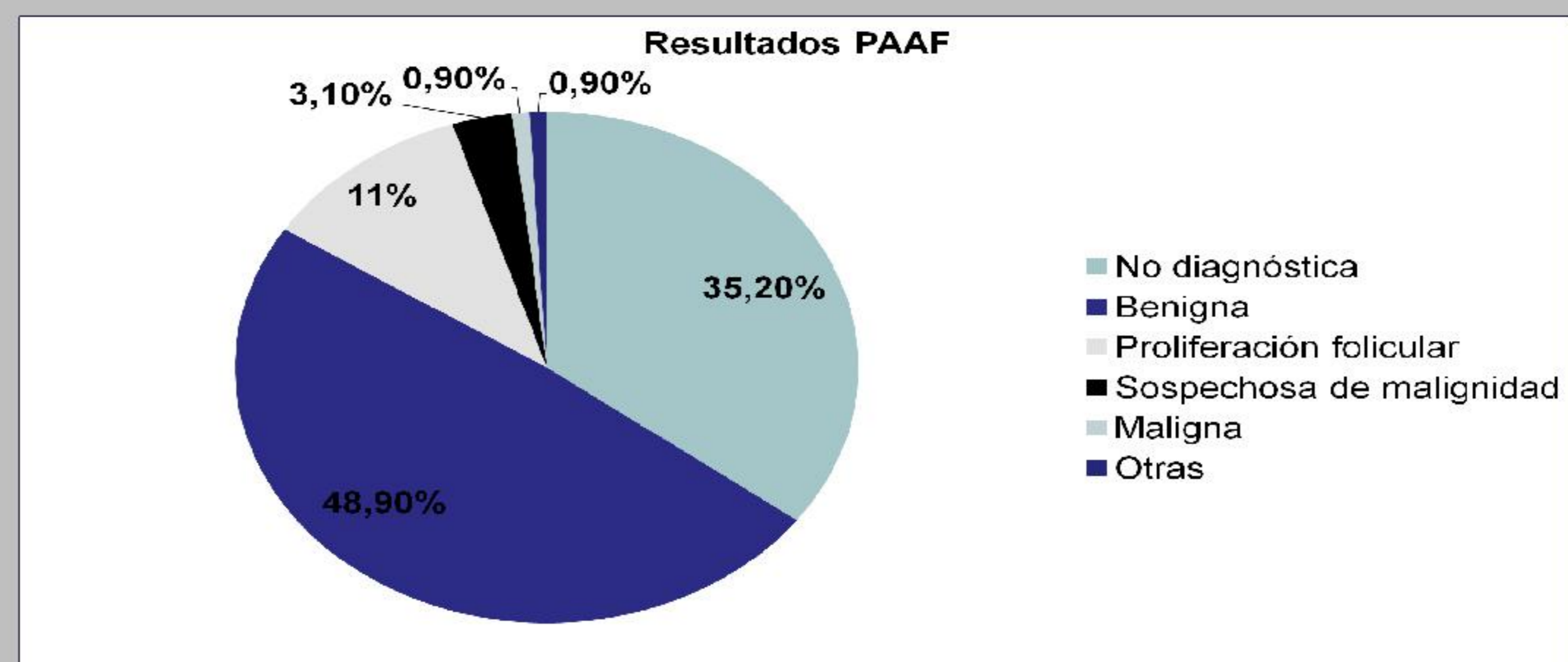


Tabla 2. Citological results FNA

Diagnostic categories	Category 1 Non diagnostic/ Unsatisfactory	Category 2 Benign	Category 3 Suspicious for a Follicular Neoplasm	Category 4 Suspicious for malignancy	Category 5 Malignant	Other
First FNA	35,2%	48,9%	11%	3,1%	0,9%	0,9%
FNA before 2014 (n:56)	35,7%	64,3%				
Repeated FNA (n:34)	58,8%	35,3%	2,9%			2,9%

TABLE 3: ANATOMOPATHOLOGY RESULTS AFER THYROIDECTOMY (N:41 PATIENTS)

MALIGNANT 17% (7 patients) (3,8% from total)	BENIGN 83% (96,21% from total)
3 Medullary ca. 4 Papillary ca.	5 Follicular Adenoma
CITOLOGY: Category 1: 14,3% Category 3: 28,6% Category 4: 28,6% Category 5: 28,6%	CITOLOGY: Category 1: 44,1% Category 2: 20,6% Category 3: 26,5% Category 4: 8,8%

CONCLUSION

Thyroid nodule FNA is the technique of choice in evaluation of thyroid nodules and assumption of this technique by endocrinologists is a reality today.

The incidence of malignance detected in our series is consistent with the literature, however the number of unsatisfactory results is above the international recommendations.