

Repeating FNA in AUS/FLUS: is it necessary?



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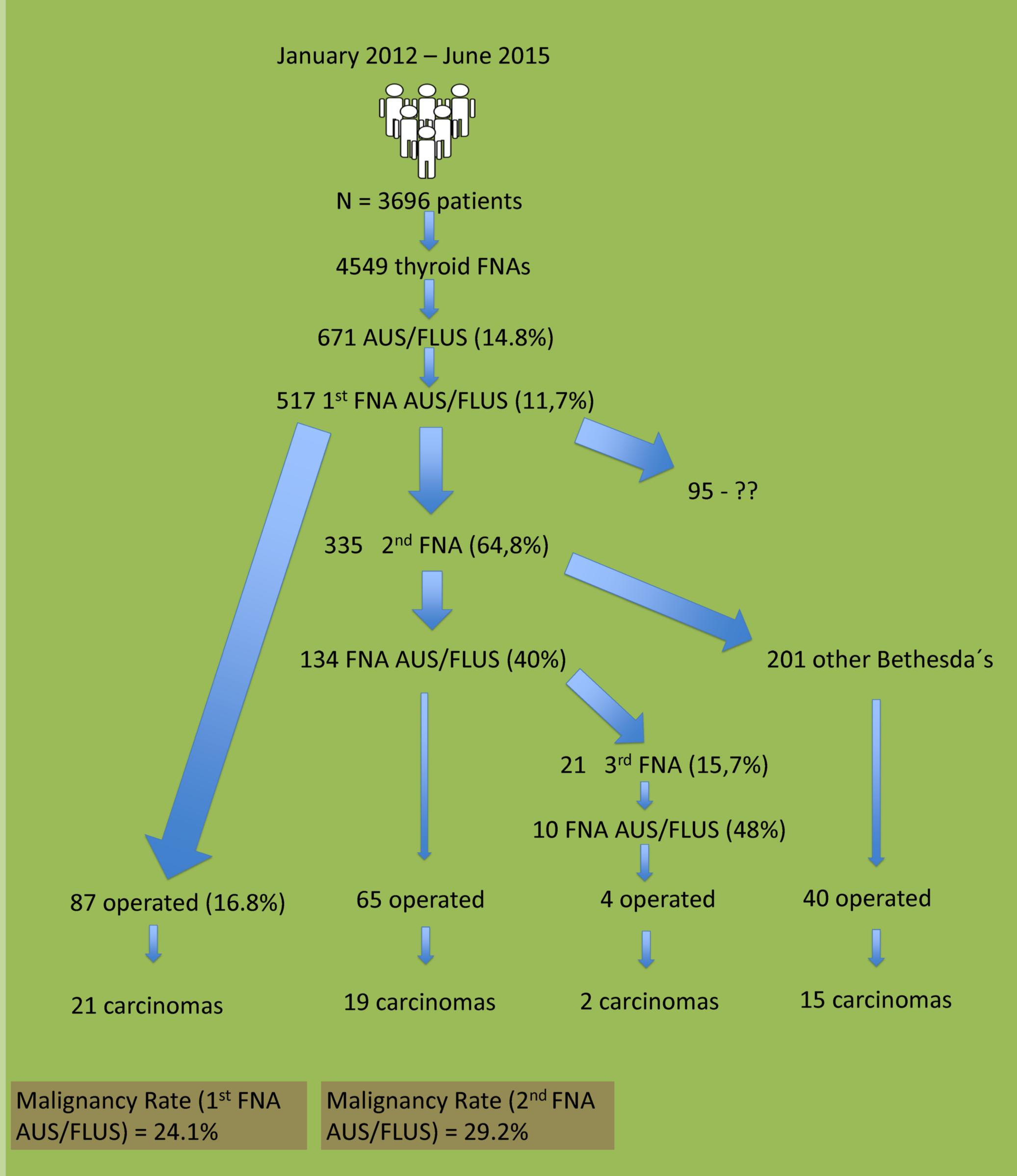
BACKGROUND

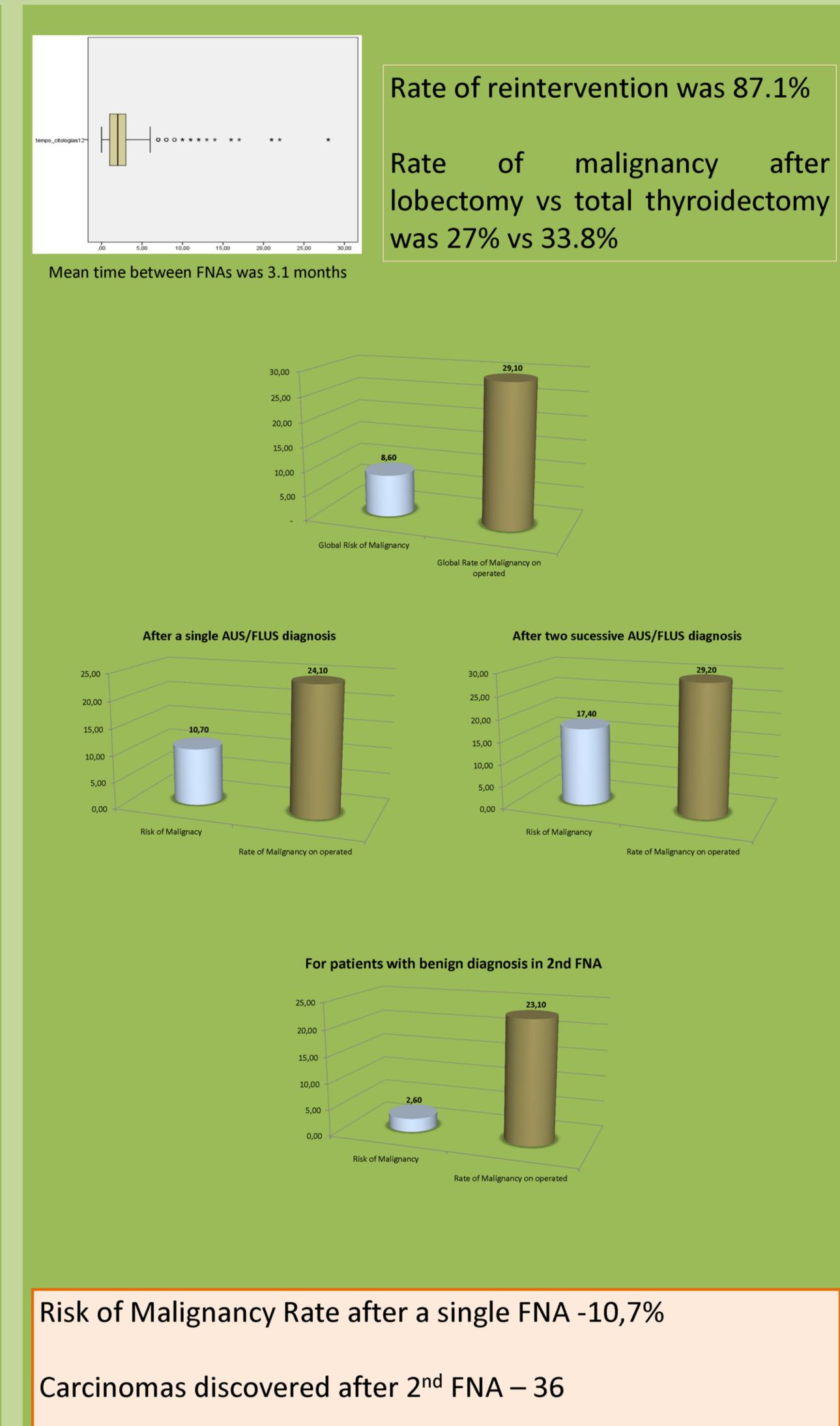
The review of the Bethesda System Classification has brought some challenge to the clinical role of cathegory III lesions. Repeating fine-neddle aspiration (FNA) is time-consuming, painful, brings additional cost and sometimes does not change the clinical decision. Our aim was to prove if there was true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





CONCLUSION

203-GP

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: 1) 2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer: The American Thyroid Association Guidelines Task Force on Thyroid Nodules and Differentiated Thyroid Cancer Haugen, Alexander, et al., Thyroid. Jan 2016, 26(1): 1-133. an 2016, 26(1): 1-133.

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

Poste

presented at:



carcinomas expected - 35,8



Applying the same risk rate to all the 335 2nd FNA –

