



THYROID CANCER RATE IN PATIENTS WHO UNDERWENT TOTAL THYROIDECTOMY WITH THE DIAGNOSIS OF TOXIC NODULAR GOITRE



Abbas Ali Tam, Cafer Kaya, Gülten Kıyak, Pamir Eren Ersoy, Samet Yalçın, Nilüfer Yıldırım Poyraz, Aylin Kılıçyazgan, Gülnur Güler, Reyhan Ersoy, Bekir Çakır

Yıldırım Beyazıt University Medical School, Ankara Atatürk Education and Research Hospital, Bilkent, Ankara, TURKEY

AIM

Datas in literature about coincidence of toxic nodular goiter and thyroid cancer, clinical features and prognosis is debating. In this study we aimed to evaluate rate of thyroid cancer, clinical findings and tumor fetatures in patients who underwent total thyroidectomy with the diagnosis of toxic nodular goiter.

MATERIALS AND METHODS

Patients who have been applied to Endocrinology and Metabolism outpatient clinic in Ankara Ataturk Education and Research Hospital between March 2006-January 2012 with the diagnosis of toxic adenom and underwent total thyroidectomy were included to the study and they have evaluated in a multidisciplinary council consisted of endocrinologist, general surgeon, pathologist and nuclear medicine experts.

RESULTS

According to pathological findings, totally 77 nodules obtained from 77 patients were divided into two groups as benign (n=63, %81.8) and malignant (n= 14,%18.2) respectively. In malignant group, 10 (%71.4) patient's malignant foci were inside of the adenoma and malign foci of 4 (%28.6) patients were in the parenchyma . 9 papillary microcarcinomas, 3 papillary carcinomas and 2 microinvasive follicular carcinomas were identified in malign nodules. Mean tumor diameter was 8 mm in the carcinomas that located inside of adenomas. Any case of relapse , distant metastases or death did not occur among malign patients during follow up.

In our study patients with toxic nodular goitre, diagnostic sensitivity of fine needle aspiration biopsy was %16.7 and specificity was %96.3 ; but it's observed that in differential diagnosis, fine needle aspiration biopsy doesn't have significant determination. None of the morphological findings which established by USG, is determining in the differential diagnosis.

Table 1. Histopathologic findings

| Histopathology | n | % |
|------------------------------------|----|------|
| Benign | 63 | 81.8 |
| Malign | 14 | 18.2 |
| Papiller microcarcinoma | 9 | 11.7 |
| Papiller carcinoma | 3 | 3.9 |
| Microinvasive follicular carcinoma | 2 | 2.6 |
| Malignancy in nodule | 10 | 13 |

CONCLUSION

RAI and surgery may be the choices for the definitive treatment of toxic nodular goitre. It's important to exclude malignancy while choosing appropriate treatment due to probability of incidentally discovered thyroid cancer rate. In conclusion we think that while planing definitive treatment of toxic nodular goitre ,especially surgery should be preferred.