HEMITHYROIDECTOMY SEEMS TO BE A REASONABLE INITIAL SURGICAL APPROACH FOR PATIENTS WITH CYTOLOGICALLY BETHESDA CATEGORY III (AUS/FLUS) THYROID NODULES

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INTRODUCTION

Atypia of undetermined significance/follicular lesion of undetermined significance (AUS/FLUS) termed as Bethesda Category III constitute 15-30% of thyroid cytology. However, the risk of malignancy in this heterogeneous category is estimated as 5-15%.

The recent studies have reported the malignancy rate in the wide range of 6-48%. This causes surgical approach variability between different centers. This decision may be modified according to clinical and ultrasonographic features, patient preference and molecular tests.

We aimed to evaluate the initial malignancy rate, indication of complementary thyroidectomy, and malignancy rate in contralateral thyroid lobe in patients with AUS/FLUS thyroid nodules who underwent hemithyroidectomy.

METHODS

We reviewed the medical records of 47 (7 male, 40 female; mean aged 40.3±13.3) patients with cytologically 48 AUS/FLUS nodules who underwent hemithyroidectomy operation at our institution.

The patients with tumor size <10 mm (microcarcinoma), papillary carcinoma with follicular, oncocytic, clear cell variants were accepted as low risk group.

Patients with tumor size ≥ 10 mm, papillary carcinoma with columnar, tall cell, insular, solid, diffuse sclerosing variants, follicular carcinoma with widely invasive variant were accepted as high risk group.

RESULTS

The preoperative cytology was evaluated as AUS in 32 (66.7%) nodules and FLUS in 16 (33.3%) nodules.

A total of 28 patients (59.6%) had solitary nodule and 19 patients (40.4%) had multinodular thyroid disease.

The mean diameter of these nodules was 20.7 ± 11.3 mm (6.6-51.2 mm).

Histopathology was reported as benign in 34 (72.3%) patients and as malignant in 13 (27.7%) patients. However, 9 (19.2%) patients was in high risk group, 4 (8.5%) patients was in low risk group.

Of 13 patients, complementary thyroidectomy was performed in 11 (23.4%) patients. Of 11 patients who underwent contralateral lobectomy, 9 (81.8%) patients had benign histopathology and 2 (18.2%) patients had malignant histopathology (Table-1).

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<th>Table -1</th>
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<tr>
<td>Histopathology (n=47)</td>
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<tr>
<td>Benign</td>
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<td>Low risk</td>
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| Completion thyroidectomy histopathology (n=11) |
| Benign | 9 (81.8%) |
| Malignant | 2 (18.2%) |

Benign + low risk 38 (80.8%)

Carcinoma histopathology (n=15)(Hemithyroidectomy and completion thyroidectomy)

Papillary cancer 14 (93.3%)
Hürthle cell carcinoma 1 (6.7%)

DISCUSSION

Malignancy rate in patients with AUS/FLUS nodules who underwent hemithyroidectomy was found as 27.7%. Moreover, malignancy rate in contralateral lobe was demonstrated as 18.2%.

It seems that lobectomy is a reasonable initial surgical approach for these patients. Further studies with larger sample size are needed.