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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 heterogenous category is estimated as 5-15%.

➤ The recent studies has been 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).

Table -1

Histopathology (n=47)	
Benign	34 (72.3%)
Malignant	13 (27.7%)
Low risk	4 (8.5%)
High risk	9 (19.2%)
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%)
Hurthle 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.

