

Are there any differences between demographic characteristics, preoperative ultrasonographic findings, and cytological results of patients with thyroid tumors of uncertain malignant potential and papillary thyroid carcinoma of classical and non-encapsulated follicular variants?

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Introduction

➤ Thyroid tumors of uncertain malignant potential (TT-UMP) has been accepted as a subgroup of follicular-patterned thyroid tumors for which benignancy or malignancy cannot be assessed exactly. We aimed to evaluate demographic characteristics, ultrasound (US) findings, and cytological results of patients with TT-UMP and compare these findings with the classical variant of papillary thyroid carcinoma (CV-PTC) and non-encapsulated follicular variant of PTC (NEFV-PTC) patients, and also to evaluate the immunohistochemical characteristics of patients with TT-UMP.

Methods

➤ Twenty-four patients with TT-UMP, 672 with CV-PTC, and 132 with NEFV-PTC were included to the study. .

Results

➤ Mean longitudinal nodule size and median nodule volume were higher in TT-UMP group compared to CV-PTC and NEFV-PTC groups ($p < 0.001$ and $p < 0.001$ for CV-PTC; $p < 0.001$ and $p = 0.008$ for NEFV-PTC).

➤ Presence of halo and peripheral vascularization were observed more frequently in TT-UMP group compared to CV-PTC group ($p = 0.002$ and $p = 0.024$). Nodule localization, texture, echogenicity, presence of microcalcification, and presence of macrocalcification were similar in TT-UMP and CV-PTC groups (Table 1).

➤ US findings and cytological results were similar in TT-UMP and NEFV-PTC groups (all, $p > 0.05$) (Table 2).

➤ Benign and follicular neoplasm/suspicious for follicular neoplasm cytological results were higher in TT-UMP group compared to CV-PTC group ($p = 0.030$ and $p = 0.001$).

➤ Median tumor size was higher in TT-UMP group than CV-PTC and NEFV-PTC groups (25 mm vs 6 mm, $p < 0.001$ and 25 mm vs 14.4 mm, $p = 0.006$, respectively).

➤ In TT-UMP group, positive expression of HBME-1, CK-19 and Gal-3 was found as 50%, 33.3% , and 25%, respectively.

Table 1 Ultrasonographic features and fine-needle aspiration biopsy results of patients in thyroid tumors of uncertain malignant potential and classical variant of papillary thyroid carcinoma groups

| | longitudinal | TT-UMP (n=24) | CV-PTC (n=347) | p |
|-----------------------------------|--------------|--------------------|-------------------|--------|
| Nodule diameter (mm) | | 38.52±24.10 | 16.07 ±11.74 | <0.001 |
| Nodule volume (mL) | | 8.26 (0.22-121.32) | 0.51(0.01-116.05) | <0.001 |
| Nodule localization | | | | |
| Right lobe | | 14 (58.3%) | 200 (57.5%) | 0.726 |
| Left lobe | | 10 (41.7%) | 138 (39.9%) | |
| Isthmus | | 0 | 9 (2.6%) | |
| Texture | | | | |
| Solid | | 24 (100%) | 338 (97.4%) | 0.727 |
| Cystic | | 0 | 6 (1.7%) | |
| Mixed | | 0 | 3 (0.9%) | |
| Echogenicity | | | | |
| Isoechoic | | 12 (50%) | 115 (33.1%) | 0.091 |
| Hypoechoic | | 2 (8.3%) | 92 (26.5%) | |
| Isoechoic+hypoechoic | | 10 (41.7%) | 140 (40.3%) | |
| Microcalcification | | 7 (29.7%) | 168 (48.4%) | 0.068 |
| Macrocalcification | | 5 (20.8%) | 118 (34%) | 0.185 |
| Hypoechoic halo | | 11 (45.8%) | 66 (19%) | 0.002 |
| Irregular margins | | 12 (50%) | 241 (69.5%) | 0.045 |
| Peripheral vascularization | | 6 (25%) | 26 (7.5%) | 0.024 |
| FNAB | | n=23 | n=337 | |
| Nondiagnostic | | 3 (13%) | 41 (12.2%) | <0.001 |
| Benign | | 7 (30.4%) | 41 (12.2%) | |
| AUS/FLUS | | 7 (30.4%) | 55 (16.3%) | |
| FN/SFN | | 3 (13%) | 4 (1.2%) | |
| Suspicious for malignancy | | 3 (13%) | 91 (27.0%) | |
| Malignant | | 0 | 105 (31.2%) | |

TT-UMP: thyroid tumors of uncertain malignant potential, CV-PTC: classical variant of papillary thyroid carcinoma, FNAB: fine-needle aspiration biopsy, AUS/FLUS: atypia of unknown significance/follicular lesion of unknown significance, FN/SFN: follicular neoplasm/suspicious for follicular neoplasm

Table 2. Ultrasonographic features and fine-needle aspiration biopsy results of patients in thyroid tumors of uncertain malignant potential and non-encapsulated follicular variant of papillary thyroid carcinoma groups

| | longitudinal | TT-UMP (n=24) | NEFV-PTC (n=119) | p |
|-----------------------------------|--------------|-------------------|---------------------|--------|
| Nodule diameter (mm) | | 38.52±24.10 | 24.20±15.68 | <0.001 |
| Nodule volume (mL) | | 8.2 (0.22-121.32) | 2.12 (0.15-86.08) | 0.008 |
| Nodule localization | | | | |
| Right lobe | | 14 (58.3%) | 71 (59.7%) | 0.628 |
| Left lobe | | 10 (41.7%) | 44 (37.0%) | |
| Isthmus | | 0 | 4 (3.4%) | |
| Texture | | | | |
| Solid | | 24 (100%) | 117 (98.3%) | 0.815 |
| Cystic | | 0 | 1 (0.8%) | |
| Mixed | | 0 | 1 (0.8%) | |
| Echogenicity | | | | |
| Isoechoic | | 12 (50.0%) | 56 (47.1%) | 0.819 |
| Hypoechoic | | 2 (8.3%) | 15 (12.6%) | |
| Isoechoic+hypoechoic | | 10 (47.0%) | 48 (40.3%) | |
| Microcalcification | | 7 (29.2%) | 51 (42.9%) | 0.202 |
| Macrocalcification | | 5(20.8%) | 37(31.1%) | 0.303 |
| Hypoechoic halo | | 11 (45.8%) | 47 (39.5%) | 0.608 |
| Irregular margins | | 12 (50%) | 56 (47.1%) | 0.886 |
| Peripheral vascularization | | 6 (25%) | 23 (19.3%) | 0.305 |
| FNAB | | n=23 | n=116 | |
| Nondiagnostic | | 3(13%) | 25(21.6%) | 0.327 |
| Benign | | 7(30.4%) | 29(25.0%) | |
| AUS/FLUS | | 7(30.4%) | 25(21.6%) | |
| FN/SFN | | 3(13%) | 6(5.2%) | |
| Suspicious for malignancy | | 3(13%) | 20(17.2%) | |
| Malignant | | 0 | 11(9.5%) | |

TT-UMP: thyroid tumors of uncertain malignant potential, NEFV-PTC: non-encapsulated follicular variant of papillary thyroid carcinoma, FNAB: fine-needle aspiration biopsy, AUS/FLUS: atypia of unknown significance/follicular lesion of unknown significance, FN/SFN: follicular neoplasm/suspicious for follicular neoplasm

Conclusion

➤ This study demonstrated that patients with TT-UMP had higher nodule and tumor size compared to CV-PTC and NEFV-PTC patients. Moreover, we found that US features and cytological results were similar in NEFV-PTC and TT-UMP patients.