

ECHOGRAPHIC, CYTOLOGICAL AND HISTOLOGICAL CHARACTERISTICS OF THYROID FOLLICULAR TUMOR

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Background/Purpose: Retrospectively to evaluate the echographic picture of thyroid follicular tumor in comparison with the postoperative histological picture.

Methods: 7315 patients with palpable and suspected nodules, including patients with Hashimoto’s thyroiditis, were examined within four years. The histological examination of postoperative material was carried out in 112 patients.

Results: Among all the aspirates follicular tumor was found in 7,2 % of patients (526 people), of whom 4,2 % were patients with suspected cancer, and 6,5 % were patients with B-cell differentiation. The average size of follicular tumor was 23 ± 11 mm. Postoperative histological diagnoses were as follows: follicular cancer was found in 7,9 % (all cases with small invasiveness); follicular adenoma with the dominance of colloid with macrofollicular and cystic structures – in 36,4 %, follicular adenoma with minimal colloid with microfollicular and fetal structures – in 18,5 %; euthyroid goitre with hyperplastic nodules – in 27,3 %; autoimmune thyroiditis – in 6,4%. Adenoma of parathyroid gland was found in 3,5 % of cases. The retrospective evaluation of the echographic picture of follicular tumor in comparison with histology showed: hypoechogenic nodules with calcifications and with vague and uneven outlines were found in 73 % of cases of follicular carcinoma, without vascularization – in 47 % of nodules.

Discussion & Conclusion: 1. Follicular carcinoma was found in 7,9 % of patients with “follicular tumor” in case of cytological studies; 2. The “typical” echographic picture (allowing to suspect carcinoma) – hypogenic nodule often with calcificates and with vague and uneven outline – was observed in 73 % of cases of follicular carcinoma.