

CLINICAL SIGNIFICANCE OF “SUSPICIOUS CYTOLOGY” IN THE MANAGEMENT OF THYROID NODULES

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Background/Purpose: To investigate the final histopathological outcome of “suspicious cytology” subgroups in thyroid nodules.

Methods: Medical records of 154 patients who underwent thyroidectomy for suspicious cytology that means “follicular lesions of undetermined significance” (FLUS), “follicular neoplasm” (sFN), and “suspicious for malignancy” (sM), were reviewed. Presense of microcalcifications and/or irregular margins in ultrasonographic (US) findings was also recorded. These findings were correlated to the presence of malignancy in the final histopathological examination.

Results: Of the 154 patients; there were 66 FLUS, 34 sFN, 54 sM subgroups and histopathological examination revealed malignancy in 22 (33.3%), 14 (41.2%) and 43 (79.6 %) cases, respectively. At least one positive US findings were detected in 58 patients (37.7 %), and 40 of them came out as malignant. The sensitivity and specificity of US findings to predict malignancy was found as 50.6%, and 76 %, respectively. In subgroup analysis, presence of irregular margins are more valuable than microcalcification to predict malignancy in suspicious cytology.

Discussion & Conclusion: In the suspicious cytology subgroups of thyroid nodules; sM had the highest risk (79.6%) of malignancy, whereas sFN (41.2%) and FLUS (33.3%) had modest risk. US findings may have an additive role in the decision for surgery.