

CLINICAL SIGNIFICANCE OF POORLY DIFFERENTIATED COMPONENT IN THE DIFFERENTIATED THYROID CARCINOMA

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Background/Purpose: The clinicopathological significance of poorly differentiated thyroid carcinoma is not fully understood. It is well known that there is a heterogeneous group of poorly differentiated carcinoma, and we often experience papillary or follicular differentiated carcinoma with poorly differentiated component including solid, trabecular and insular pattern. We examined the clinicopathological characteristics and prognosis of thyroid carcinoma with poorly differentiated component regardless of its proportion to understand the significance of that component.

Methods: We studied 50 patients who underwent surgery for thyroid carcinoma between 2002 and 2012 in which poorly differentiated component was pathologically detected.

Results: The tumor size of <2cm, 2< and <5cm, and >5cm was 11 (22%), 19 (38%), 20 (40%), respectively, and 17 cases (34%) included the extrathyroidal infiltration into the adjacent organs including recurrent nerve, trachea, esophagus, and internal jugular vein. Twelve cases (24%) had distant metastasis. Locally curative operation could not be performed in 17 cases (34%), and gross tumor was left in 6 cases (12%). Eight of 38 cases (21%) without distant metastasis and residual gross tumor revealed relapse, and 10 year-DFS was 40%. Seven patients (14%) died, and 10 year-cause specific survival was 70%.

Discussion & Conclusion: These data indicate the possibility that the existence of poorly differentiated component in the thyroid carcinoma may be associated with locally aggressive growth and the poor prognosis. Our results suggest that poorly differentiated component would be a risk factor for aggressive behavior regardless of the proportion of this component.