

THE THYROID DYSTROPHY AND NODULAR GOITER- SURGICAL INDICATIONS

Codreanu, Corneliu-Mircea¹; Codreanu, Corneliu¹; Iugulescu, Mihail²

¹Braila County Hospital, ENT Department, Braila, Romania; ²Braila County Hospital, Surgery Department, Braila, Romania

Background/Purpose: To evaluate the thyroid nodules and thyroid dystrophy and to state their management especially when the risk of cancer is high.

Methods: We retrospectively evaluated 45 patients treated for a subsequent thyroid pathology during a period of 5 years. The evaluation included in each case: clinical predictive elements of malignancy, determination of serum TSH, T3, T4 and calcitonin levels, ultrasonography, fine needle aspiration.

Results: The histological examinations of the 45 surgically removed thyroid specimens found the evidence of malignancy in 8 cases (17,7%).

The indications for the surgical management of the thyroid nodules and thyroid dystrophy were: mechanical complications, hyperthyroidism, suspicious or cancer-risk nodule. Of the patients having a malignant lesion (8 cases) the diagnosis was made by analysing the most suspicious nodule; in 1 case the discovery of malignancy was incidental. Another asymptomatic patient had a high calcitonin level which was a result of a papillary carcinoma.

Of the eight cancers discovered 4 were papillary thyroid carcinoma, 2 -follicular carcinoma, 1-medullary carcinoma and 1-anaplastic carcinoma

The results of FNAB were as follows: sensibility-93%, specificity-49,5%.

Discussion & Conclusion: We evaluated the risk of cancer of the thyroid nodules upon the clinical findings and the laboratory investigations, FNAB and HRUS. FNAB is nowadays the most precise and effective investigation and can be performed systematically. HRUS remain an important tool for assisting in surgical decision (but it is operator-depending). Immunohistochemical and genetic techniques will be soon the reference- tests for the nodules diagnosis.