

27 ULUSAL PATOLOJİ KONGRESİ



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COMPARISON OF CLINICOPATHOLOGICAL FEATURES IN INCIDENTAL AND NONINCIDENTAL PAPILLARY THYROID CARCINOMAS IN 308 PATIENTS.

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Objectives: Incidental papillary thyroid carcinomas (IPTCs) consist of a significant portion of increasing incidence in papillary thyroid carcinomas. This study investigated clinicopathological features of IPTCs with different perspectives, and also, with comparisons of nonincidental PTCs (NIPTC) in patients with total thyroidectomy and lymph node dissection.

Materials and methods: 308 patients who had been diagnosed as PTC; who had been performed preoperative fine needle aspiration(FNA); who had been performed total thyroidectomy with central/cervical lymph node dissection were included in the study. The patients with inconsistent localisation of FNA and tumor localisation were grouped as "unsampled in FNA/IPTC" while patients with consistent localisation were grouped as "sampled in FNA/NIPTC". Clinicopathological features were compared between IPTCs and NIPTCs, and also, were compared between IPTC group by tumor size ($\leq 5\text{mm}$ vs $> 5\text{mm}$).

Results: IPTC was present in 27.9% of 308 patients. The basic results (with p values ≤ 0.005) may be underlined as in the following. IPTCs were significantly accompanied by lymphocytic thyroiditis (LT), and particularly, by multinodular hyperplasia (MNH). IPTCs were more common in older patients (51.3 years vs. 47.2 years) and in female patients. IPTCs significantly differed from NIPTCs in terms of smaller tumour size, lymphatic vessel invasion (2.6% vs. 97.4%), extrathyroidal extension (4.3% vs. 95.7%), lymph node metastasis (3.6% vs. 96.4%), multifocality (21.2% vs 78.8%), bilaterality (5.3% vs. 94.7%), and BRAFV600 mutation (6.7% vs. 93.3%). Older age, bilaterality, encapsulation, and requirement of radioactive iodine (RAI) therapy were significantly more common in IPTCs with tumor diameter $> 5\text{mm}$ than in those with tumor diameter $\leq 5\text{mm}$.

Conclusions: IPTCs are more commonly associated with LT and MNH. IPTCs may have a more favourable prognosis than NIPTCs, and tumour size $> 5\text{ mm}$ may predict bilaterality and need for RAI therapy. Nevertheless, the patient-based clinical approach in IPTCs may have benefits in the management of IPTCs.

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Anahtar Kelimeler : Incidental papillary thyroid carcinoma, Nonincidental papillary thyroid carcinoma, Clinicopathological feature.