



Clinical-pathological correlation in patients with Bethesda III report

Díaz Garza Jacqueline Haide’e * Gómez Pedraza Antonio **

Oncologist Surgeon * Oncologist Surgeon, Head and Neck Surgeon at Instituto Nacional de Cancerología **

INTRODUCTION:

According to Globocan 2018, thyroid cancer in Mexico is among the first five neoplasms in incidence, with 12,122 cases and a prevalence of 42,005 patients in the general population.

According to the World Health Organization (WHO), it is the second most frequent neoplasm of the female sex in Mexico, with a registry of 10,188 new cases in 2018. In managing a thyroid nodule, the risk has to be classified. As well as in the presence of suspicious malignancy images at the Ultrasound; according to this, the approach is taking a fine needle aspiration biopsy (FNA). The management of patients with indeterminate cellular atypia (Bethesda III), where the risk of malignancy reported is 5 - 15%, consists of repeating FNA and Ultrasound. However, controversy has been reported on up to 6-48% of malignancy in patients undergoing surgical management.

OBJECTIVE:

The main objective of this review is to analyze the clinical and pathological characteristics in patients with a Bethesda III thyroid nodule diagnosed by FNA. And evaluate clinicopathological features in patients who underwent surgery.

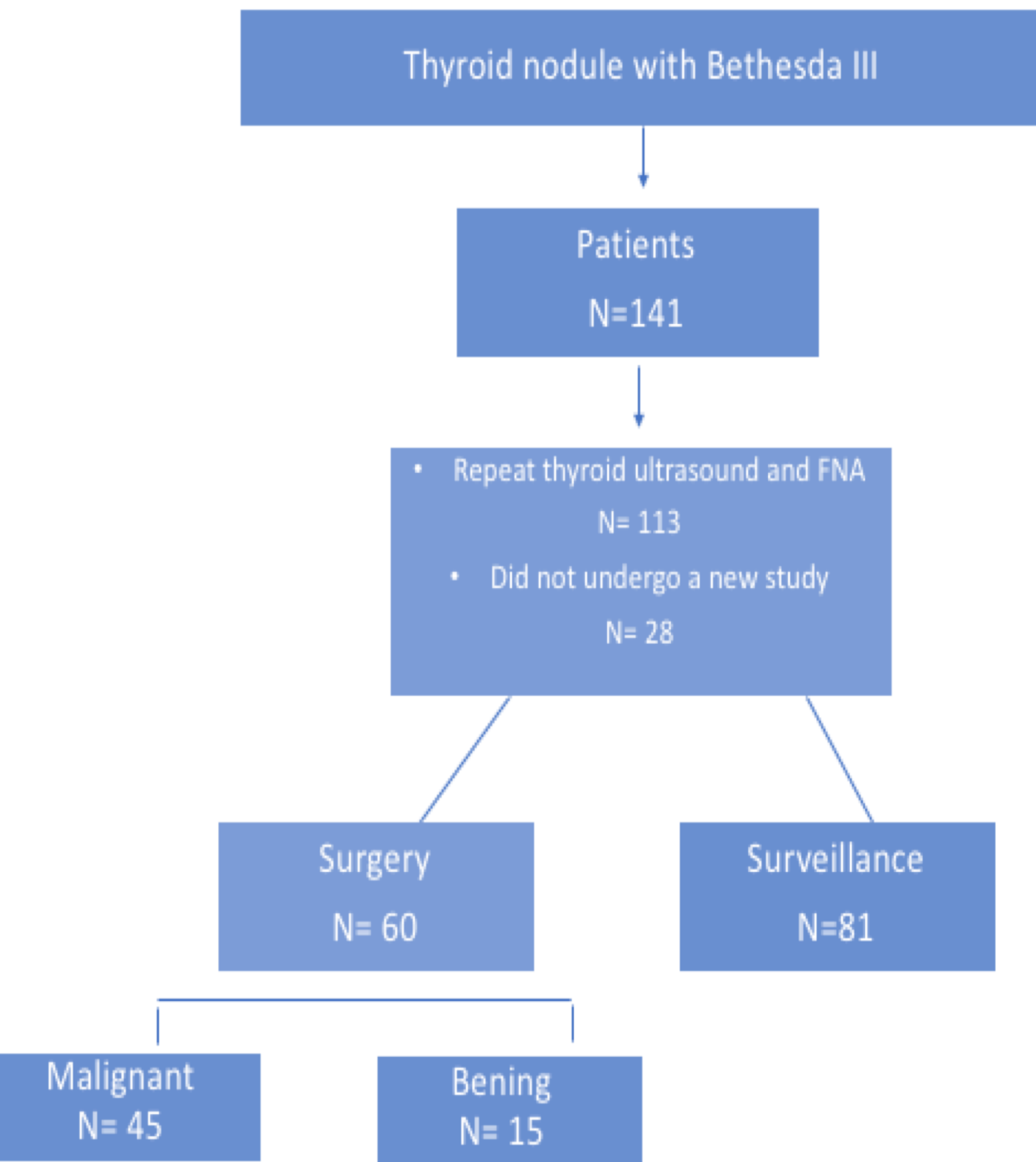
MATERIAL AND METHODS:

In a high-volume cancer center in México city, a review was carried out where are a total of 141 patients admitted to the National Cancer Institute (Incan) at Head and Neck service from January 1, 2011, to January 31 December 2018 with a diagnosis of thyroid nodule with a Bethesda III cytological report.

Patients of both sexes, older than 18 years with a thyroid nodule with a cytological report of Bethesda III with cytological review by INCAN cytopathologists, with a complementary thyroid and cervical ultrasound study, as well as patients with a nodule of intermediate or high suspicion according to the ATA, were included.

RESULTS:

N = 141 patients, 60 underwent surgery and 81 were taken to surveillance every 3 or 6 months with a USG and FNA with a median follow-up of 12 months.



CONCLUSIONS:

The standard management of thyroid nodules with Bethesda III cytology has not yet been established in the National Cancer Institute. With the results obtained, it is difficult to establish a standard management for this group of patients.

However it allowed us to evaluate the clinical and pathological characteristics. Where we found a greater number of carcinoma cases in patients with Bethesda III with TIRADS 4-5 without finding an association of Tg, age, sex, BMI as a predictor of Cancer.

Therefore, it allows us to recommend and standardize the surgical management of patients with these characteristics, to be treated in a timely manner, and thus reduce the number of cases of unnecessary FNA and USG.

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