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### P1764

#### Value of repeated US-guided fine-needle aspirations (US-FNAB) in the follow-up of thyroid nodules: the MoCyThy (Modena's Cytology of the Thyroid) DATABASE

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University of Modena & Reggio Emilia, Azienda Unità Sanitaria Locale of Modena, Modena, Italy.

#### Introduction

There is no consensus about the usefulness of repeating the US-FNAB during the follow-up of nodules when a benign (Thy2) or indeterminate (Thy3) report is obtained at first US-FNAB.

#### Aim of the study

To investigate the clinical value of repeating US-FNAB after a previous adequate Thy2 or Thy3 US-FNAB.

#### Methods

We reviewed the US-FNABs performed from 2006 to 2009. All clinical data of the patients were collected and analyzed using the MoCyThy DATABASE, which is the part of the institutional database ENDOBASE (based on the MyQ1L open source technology) devoted to store data of all institutional US-FNABs. Among 7983 records, we searched out 288 patients (327 nodules) undergoing at least two consecutive adequate US-FNABs for a total of 686 US-FNABs. We compared the first US-FNAB (Thy2 or Thy3) at baseline with the results of the following US-FNABs (2nd or 3rd US-FNAB).

#### Results

Of the 327 baseline US-FNABs, 58% were Thy2 and 42% Thy3. Of the 189 Thy2 at baseline, 157 (83%) were confirmed as Thy2 at follow-up, while 32 (17%) did not confirm the first diagnosis: 29 (15%) of them were Thy3 and 3 (2%) Thy4. No modifications of volume or US-features were recorded in these Thy4 from baseline. Of the Thy3 at baseline, 55 (40%) were confirmed as Thy3 at the follow-up, 84 (60%) did not confirm the first diagnosis: of them 6 (4%) were Thy4/5 and 78 (56%) Thy2.

#### Conclusions

The outcome of a subsequent US-FNAB is often discordant compared with the first cytological diagnosis. A first cytological diagnosis of Thy2 does not completely exclude a malignant (Thy4) or an indeterminate (Thy3) lesion. A second US-FNAB after 6–12 months may be useful, in clinical practice, to definitively confirm benign lesions or to reduce the rate of malignant tumor or of follicular lesions unrecognized by the first US-FNAB.

#### Declaration of interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.

#### Funding

This research did not receive any specific grant from any funding agency in the public, commercial or not-for-profit sector.

### P1765

#### The Association between thyroid carcinoma and Hashimoto's thyroiditis: is really Hashimoto's thyroiditis increase the risk of thyroid cancer?

S. Cakir, O. Celik & O. Acbay  
Cerrahpasa Medical School, University of Istanbul, Istanbul, Turkey.

#### Aim

The aim of the study was to determine the association between Hashimoto's thyroiditis (HT) and differentiated thyroid carcinoma (DTC).

#### Patients and methods

Seven hundred seventy two patients with thyroid nodular goiter who underwent fine-needle aspiration cytology (FNAC), followed up at Endocrinology and Metabolism out-patient clinic of Cerrahpasa Medical School, University of Istanbul between January 2000 and December 2010 were included retrospectively in this study. All patients were evaluated for the presence of HT diagnosis by measuring thyroid autoantibodies. If a patient had at least one positive thyroid autoantibody, then the patient was defined as HT with thyroid nodules. Demographic features, ultrasonography (US) findings and cytology results of the patients were evaluated.

#### Results

Three hundred ninety three patients (39 male and 354 female, mean age 46.11 ± 12.53) with thyroid nodules associated with HT (HT group), 379 patients (53 male and 326 female, mean age 47.5 ± 12.6) with thyroid nodules without HT (control group) were determined. The prevalence of DTC in the patients with HT was 6.6%. In contrast, it was 12.9% in the control group ( $P=0.03$ ). US findings were similar in both groups. When the whole population is considered in terms of

autoimmunity, positive anti-TPO rate was found significantly higher in benign nodules ( $P=0.008$ ).

#### Conclusion

The malignancy rate in the patients without HT was twice more than the patients with HT. Many of the US features of benign thyroid nodules are similar in patients with and patients without HT.

#### Declaration of interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.

#### Funding

This research did not receive any specific grant from any funding agency in the public, commercial or not-for-profit sector.

### P1766

#### Clinicopathological characteristics of patients with thyroid papillary microcarcinoma: preliminary results

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<sup>1</sup>Faculty of Medicine, Hacettepe University, Ankara, Turkey; <sup>2</sup>Ulus Public Hospital, Ankara, Turkey; <sup>3</sup>Etilik Ihtisas Research and Training Hospital, Ankara, Turkey.

#### Background and aim

The clinical significance of papillary thyroid microcarcinoma (PTMC) is debatable. The purpose of this study is to analyse the clinicopathological characteristics of patients with PTMC and document the risk factors for poor prognosis.

#### Materials and methods

Eighty-eight patients (18 males, 70 females) were included in the study. Clinical and laboratory parameters were recorded.

#### Results

The mean age of the patients were 47.6 ± 11.4. The most common presenting symptom was swelling in the neck but half of them (45 patients) were incidentally diagnosed. 4 patients had a family history of thyroid cancer. 78 (88.6%) patients were operated for suspicion of malignancy after fine needle aspiration biopsy. One had Graves' disease, one had hyperparathyroidism and rest of them were operated for large nodule size ≥ 3 cm. 48 patients had tumor size < 5 mm, 40 had 6–10 mm tumors. Lymph node invasion was present in seven patients and three patients had capsule invasion. Only tumor size was an independent risk factor for lymph node metastasis at diagnosis.

#### Conclusion

Increased tumor size increases the risk for poor prognosis. Tumor size should be considered in the follow-up for these patients.

#### Declaration of interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.

#### Funding

This research did not receive any specific grant from any funding agency in the public, commercial or not-for-profit sector.

### P1767

#### Differentiated carcinoma in dysembriogenetic thyroid lesions

G. Sturniolo, M. Violi, S. Presti, M. Moleti, B. Di Bella, F. Di Mauro, F. Trimarchi & F. Vermiglio  
University of Messina, Messina, Italy.

The prevalence of differentiated thyroid carcinoma (DTC) in lingual thyroid (LT) and thyroglossal duct cysts (TDC) is around 1%. Nowadays, almost 200 cases of DTC were reported in TDC and < 60 cases in LT. Here we report four cases of neoplasia in LT (1/4) and TDC (3/4) in a consecutive series of 950 DTC patients (0.4%).

#### Case 1

D.F. 63 year-old woman with thyroid follicular carcinoma in ectopic gland located at her tongue's basis. March 2009: the lesion, infiltrating surrounding tissues, presented insular-like areas (T3N1Mx). July 2009 and 2010: two radiometabolic treatment (cumulative dose of 224 mCi of <sup>131</sup>I) with no evidence of local/distant metastases and undetectable serum thyroglobulin (Tg), following the last radioiodine administration.

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