

Thyroid

OA-T-01

ASSOCIATION BETWEEN OSPITAL NG MAKATI-BASED THYROID ULTRASONOGRAPHY DESCRIPTIVE FINDINGS AND FINE-NEEDLE ASPIRATION BIOPSY FINDINGS WITH HISTOPATHOLOGIC FINDINGS IN THE DIAGNOSIS OF THYROID MALIGNANCIES

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INTRODUCTION

Thyroid nodules are a common clinical problem. Ultrasonography and fine needle biopsy (FNAB) have been used for diagnosis. Worldwide, the use of international standards of reporting such as the American Thyroid Association (ATA) Sonographic Pattern Risk Assessment and the Bethesda System for Reporting Thyroid Cytopathology are used to detect thyroid malignancies. However, ultrasonography and FNAB reports are different at Ospital ng Makati (OSMAK), wherein these deviate from international standards. The study aimed to validate the association of OSMAK-based reports with histopathology results, and to determine their accuracy in detecting malignancy as confirmed by histopathology.

METHODOLOGY

A retrospective cohort study was utilized among patients 20 years old and above with thyroid malignancies who had thyroid ultrasonography and FNAB done at OSMAK between January 2012 and January 2017. Descriptive statistics were utilized to present the variables. Review of thyroid ultrasonography and FNAB were done based on report descriptions. Fisher's Exact Test was used to test for association. The accuracy of these OSMAK-based descriptions and reports were then analyzed.

RESULTS

There was not enough evidence to conclude that OSMAK-based thyroid ultrasonography was associated with histopathologic findings ($p=0.135$); it had an accuracy of detecting malignancy at 40.5%. There was not enough evidence to conclude that OSMAK-based FNAB was associated with histopathologic findings ($p=0.083$); the test had an accuracy of 56.8%.

CONCLUSION

The use of OSMAK-based ultrasonography and FNAB reporting are not accurate in detecting thyroid malignancies. Hence, the use of validated, internationally-accepted guidelines should be implemented to help physicians provide the most appropriate care for these patients.

KEY WORDS

ultrasonography, biopsy, fine-needle, thyroid neoplasms

OA-T-02

CLINICAL PROFILE OF THYROID DISORDERS IN DR. SOETOMO GENERAL HOSPITAL SURABAYA

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INTRODUCTION

Thyroid disorders remain a global health problem with devastating consequences which can affect all populations. Among thyroid disorders, hyperthyroid is more prevalent than hypothyroid with prevalence rate 6.9%. However, data regarding its clinical profile remain scarce because only 0.4% of the Indonesian population are diagnosed with hyperthyroidism and there is no data regarding hypothyroidism.

METHODOLOGY

Cross-sectional study with consecutive sampling from June 2018 to May 2019 was conducted in endocrinology, metabolic, and diabetes outpatient department. Inclusion criteria were ages more than 18 years old during examination. Anthropometric and clinical profiles were examined during outpatient visitation. Data were processed with SPSS v21.0.

RESULTS

There were 47 patients (median: 40 [21-78] years old) included in this study with female more prevalent compared to male (78.7% vs 21.3%). Hyperthyroidism accounted for 70.2% of thyroid disorders referred to endocrinology outpatient department. Graves' Disease accounted for 66.7% of cases of hyperthyroidism. Median disease duration was 3 years (0.25-30 years). The median FT4 and TSH level for hyperthyroid disorders were 1.16 µg/dL and 0.05 mIU/L whereas for hypothyroid were 0.95 µg/dL and 4.47 mIU/L respectively.

CONCLUSION

Among thyroid disorders, hyperthyroidism remains the leading thyroid disorder in Surabaya. Therefore, we recommend hyperthyroidism screening for people with thyrotoxicosis.

KEY WORDS

hyperthyroid, hypothyroid, thyroid disorders, clinical profile

OA-T-03

AUTOIMMUNE DISEASE, FAMILIAL CLUSTERING AND THYROID CARCINOMA COEXISTENT WITH AUTOIMMUNE THYROIDITIS IN CHILDREN AND ADOLESCENCE: A CROSS-SECTIONAL STUDY FROM THE CZECH REPUBLIC

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INTRODUCTION

The prevalence of autoimmune thyroiditis (AIT), as the most common autoimmune disease (AD) and papillary thyroid cancer (PTC) is steadily rising in children. The aim of this study was to determine the coexistence of other AD and thyroid carcinoma (TC) in AIT.

METHODOLOGY

The cross-sectional study conducted at a tertiary center comprised AIT children (<19 years). Data on age/sex, thyroid function, ultrasound, autoantibodies, associated AD, familial occurrence of AD and the occurrence of TC for each child were collected.

RESULTS

In total, 231 patients (77% females) were included. The most common onset (66%) was during adolescence. At onset, hypothyroidism was detected in 59.3%; hashitoxicosis in 1.3%. The positivity of both autoantibodies was present in 60.6%, the negativity in 3.5%. We confirmed a high frequency (44.6%) of AD with AIT predominance in parents and/or grandparents of patients and in siblings (7.4%). 15.2% had at least 1 comorbid AD, of which type 1 diabetes mellitus was the most common (8.5%). Over a period of 7 years, TC was diagnosed in 16 patients (mean age 13.5 years) with predominance of PTC in 15 (94%) patients. AIT had concurrently 69% patients. 56% of patients had metastases (89% in AIT subjects). An invasive PTC was present in 44% (86% in AIT subjects).

CONCLUSION

The prevalence rate of AD in AIT and the first-degree relatives is high, and several new associations have been reported. Providers should be aware of comorbidities and TC in AIT as this would help early diagnoses and timely interventions.

KEY WORDS

autoimmune thyroiditis, associated autoimmune diseases, familial occurrence of autoimmune diseases, prevalence, papillary thyroid carcinoma