CONCLUSION
Subclinical hypothyroidism is significantly associated with LV diastolic dysfunction. Subclinical thyrotoxicosis is, in part, associated with changes in the indices of LV structure or function, but its association with the presence of diastolic dysfunction was not significant. Serum T3 is a relatively important contributor to LV diastolic dysfunction compared to TSH or free thyroxine.

KEYWORDS
thyroid hormone, subclinical hypothyroidism, subclinical thyrotoxicosis, diastolic dysfunction

PP-T-07

MATURE CYSTIC TERATOMA WITH PAPILLARY THYROID CARCINOMA IN A PATIENT WITH THYROID NODULES

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CASE
We present a 37-year-old Filipino female who was apparently well and has never been hospitalized. She underwent an annual wellness medical exam where an incidental finding of an ovarian new growth on the left was found.

Laparoscopic surgery was done and histopathology revealed mature cystic teratoma with papillary thyroid carcinoma, composed of thyroid follicle with a 0.2 cm area. Thyroid work-up showed normal thyroid function tests, and ultrasound described nodules on the left lobe, the largest measuring 1.7 x 1.3 x 1.0cm, TIRADS 3. Fine needle aspiration biopsy was done showing colloid goiter with cystic change. This highlights the management issue arising from a rare case of papillary thyroid carcinoma in an ovarian teratoma in a patient with thyroid nodules.

Treatment options range from aggressive measures including bilateral salpingo-oophorectomy and total thyroidectomy with subsequent radioactive iodine therapy, to surgical removal of the teratoma with serial monitoring of the thyroid with ultrasonography.

KEYWORDS
papillary thyroid carcinoma, teratoma

PP-T-08

MALIGNANCY RISK OF FOLLICULAR NEOPLASM WITH VARIABLE CUT-OFFS OF TUMOR SIZE: A SYSTEMIC REVIEW AND META-ANALYSIS

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INTRODUCTION
The decision on diagnostic lobectomy for follicular neoplasm has challenged clinicians. This meta-analysis investigates whether an appropriate size cut-off exists to recommend thyroid surgery for thyroid nodules diagnosed as follicular neoplasm by fine-needle aspiration.

METHODOLOGY
Ovid-Medline, EMBASE, Cochrane, and KoreaMed databases were used to search studies reporting the malignancy rate of follicular neoplasm/suspicious for a follicular neoplasm (FN/SFN) according to tumor size through July 2022. The search terms 'fine needle aspiration,' 'follicular neoplasm,' 'lobectomy,' 'surgery,' and 'thyroidectomy' were used.

RESULTS
Fourteen observational studies with 2016 cases of FN/SFN nodules with postsurgical pathologic reports were included, and two studies reported malignancy rates with various tumor sizes. The pooled malignancy risk of FN/SFN nodules according to size as below: the odds ratio (OR) 2.29 (95% CI: 1.68–3.11) with cut-off of 4 cm (nine studies), OR 2.39 (95% CI: 1.45–3.95) with cut-off of 3 cm (three studies), and OR 1.81 (95% CI: 0.94–3.50) with cut-off of 2 cm (five studies). However, tumors ≥2 cm also showed a higher risk (OR 2.43, 95% CI: 1.54–3.82) based on the leave-one-out meta-analysis after removing one influence study.

CONCLUSION
Tumor size alone is not sufficient for determining diagnostic lobectomy for FN/SFN nodules; however, clinicians are warranted to monitor carefully FN/SFN nodules, especially in tumors larger than 2 cm, and discuss appropriate timing of surgery for FN/SFN nodules with patients.

KEYWORDS
follicular neoplasm, malignancy risk, tumor size cut-off, diagnostic lobectomy