



POSTER PRESENTATIONS

THYROID

PP-T-01

PATTERN OF WEIGHT CHANGES FOLLOWING RADIOIODINE TREATMENT IN THAI PATIENTS WITH HYPERTHYROID GRAVES' DISEASE

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OBJECTIVES

The average weight gain following radioiodine (RAI) treatment is reported at 5 to 7 kg. We determined the extent of weight gain and associated risk factors for becoming obese in a cohort of Thai patients with RAI-treated Graves' disease (GD).

METHODOLOGY

A five-year retrospective study of RAI-treated GD patients at Theptarin Hospital was performed. Weights taken at initial presentation, RAI administration and follow-up were compared. The proportion and associated risk factors for weight gain $\geq 5\%$ compared to weight at RAI administration were analyzed.

RESULTS

Between 2016 and 2020, 347 patients with GD (females 81.0%, mean age 34.0 ± 11.9 years, mean BMI 22.9 kg/m^2) were treated with RAI (median dose 20 mCi). Almost all (91.9%) had hypothyroidism. During the median follow-up of 25 months, 71.2% had a median weight change of +2.1 kg compared with weight at RAI administration, and +3.0 kg compared with pre-morbid weight. Men gained more weight (2.9 versus 2.0 kg, $p=0.277$). Those with obese class I (BMI 25.0 to 29.9 kg/m^2) and class II (BMI $\geq 30.0 \text{ kg/m}^2$) increased (25.7 to 28.3%, and 6.2 to 9.1%, respectively). Weight loss upon diagnosis of GD and before RAI administration were the only factors associated with weight gain $\geq 5\%$.

CONCLUSION

Weight gain post-RAI treatment is common, with a significant proportion eventually becoming obese. Discussion of the risk of weight gain and the need for early intervention with comprehensive weight management support should be done in patients at risk.

PP-T-02

RELATIONSHIP OF MALIGNANCY IN THYROID NODULES WITH REPEAT BETHESDA III CLASSIFICATION ON FINE NEEDLE ASPIRATION BIOPSY

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OBJECTIVES

There is no consensus regarding treatment options available for patients with repeat Bethesda III Classification. This may cause anxiety regarding additional procedures and possible delay in definitive diagnosis and management. This study aimed to evaluate the risk of malignancy as well as the predictors of malignancy for repeat Bethesda III nodules on fine needle aspiration biopsy (FNAB).

METHODOLOGY

A single center, ambispective cross-sectional study of adult patients with thyroid nodules who underwent both initial and repeat fine needle aspiration biopsy at the Diabetes, Thyroid and Endocrine Center of St. Luke's Medical Center Quezon City was conducted. The Thyroid Registry was utilized to collect each patient's demographic and clinical characteristics, ultrasonographic features of thyroid nodules, and cytopathologic and histopathologic results. Subclassification of atypia/follicular lesion of undetermined significance (AUS/FLUS) were retrieved from cytopathology reports using the electronic Healthcare-Results Management System of the same institution.

RESULTS

A total of 59 adult patients with thyroid nodules were included. Thirty-eight patients were malignant based on histopathology, having an incidence of 64.41% (95% CI: 51.22-75.72%). There were no significant differences in clinical, ultrasonographic and cytopathologic features of malignancy between benign and malignant nodules.

CONCLUSION

A second FNAB result of AUS/FLUS carries a 64% risk of malignancy. This suggests an elevated risk of malignancy compared with a single FNAB result of Bethesda III (5-15%). This supports surgical intervention (lobectomy/thyroidectomy) as a reasonable option after a second Bethesda III classification on FNAB.

