

“INCIDENTAL AND NON INCIDENTAL THYROID TUMOURS: DO THEY A DIFFERENT CLINICAL AGGRESSIVENESS?”

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Studies on autopsy series have shown that papillary cancer measuring 10 mm or less, i.e. microcarcinoma, is a very frequent incidental finding suggesting that most of these tumours may not progress to clinical cancer. However, recent reports of massive lymphonode metastases in some papillary microcarcinoma have underscored the potential aggressiveness of these tumours. In this study, we have investigated the relationship between the clinical and pathological characteristics of thyroid tumors and their clinical aggressiveness. The series included 122 consecutive patients (98 F 80.3% and 24 M 19.67%, median age 50 +/- 15.6) with thyroid cancer (80.3% papillary, 9.8% follicular, 1.6% anaplastic and 4.9% medullary) diagnosed from 2005 to the end of 2006. Within this cohort, we considered two different subgroups: A) 91/122 patients (74.5%) with thyroid nodules diagnosed as suspected or malignant by FNA before surgery; 20/91 (22%) of them had a tumour diameter <10 mm (microcarcinoma); B) 31/122 (25.4%) patients with incidental thyroid cancer in a goitre in which presurgical ultrasonography did not indicate the presence of highly suspicious nodules ('true' incidental cancer); 20/31 (64.5%) of them had a tumour diameter <10 mm. capsular invasion was significantly higher in bifocal as compared to unifocal cancer (41.2%, 14/34, vs 14.6%, 12/82; $p < 0.05$). There was no statistical difference between incidental vs. non incidental cancers and between tumours with diameter >10 mm in terms of invasive behaviour (Exact Fisher test, $p = 0.715$). moreover, the logistic regression analyses (both univariate and multivariate) showed that the histological type was the only factor that could predict invasive behaviour, i.e. follicular, medullar or anaplastic vs. papillary, with an odds ratio = 4 (CI95%, 1.3-12.5).

Conclusions. Tumour size and the presence of incidental diagnosis do not needed to discriminate, among incidental cancers, aggressive forms from those with a more benign clinical course.