



ORIGINAL ARTICLE

Papillary thyroid carcinoma: does the association with Hashimoto's thyroiditis affect the clinicopathological characteristics of the disease? ☆,☆☆



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KEYWORDS

Thyroid neoplasms;
Prognosis;
Papillary carcinoma

Abstract

Introduction: Papillary carcinoma is the most common malignant thyroid neoplasm. The effect of the concurrent presence of Hashimoto's thyroiditis and papillary thyroid carcinoma remains controversial.

Objective: To evaluate the association between Hashimoto's thyroiditis and clinicopathological parameters in thyroid papillary carcinoma cases, based on an historical institutional cohort analysis.

Methods: Cross-sectional study obtained from a historical cohort, including all cases submitted to thyroidectomy for papillary thyroid carcinoma in a single institution during an 11-year period study.

Results: A total of 417 patients with papillary thyroid carcinoma were enrolled; 148 (35.4%) also had Hashimoto's thyroiditis. A female predominance among cases associated to Hashimoto's thyroiditis was observed. The thyroid tumor, in cases associated with Hashimoto's thyroiditis, had a smaller mean diameter, lower frequency of extra-thyroid extension, and earlier clinicopathological staging.

Conclusions: A high proportion of papillary thyroid carcinoma cases are associated with Hashimoto's thyroiditis. There are associations among these cases with several histopathological factors already recognized for their prognostic value, which by themselves could impact outcomes.

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PALAVRAS-CHAVE

Neoplasias da
glândula tireoide;
Prognóstico;
Carcinoma papilar

Carcinoma papilífero da tireoide: a associação com tireoidite de Hashimoto influencia nas características clínico-patológicas da doença?

Resumo

Introdução: O carcinoma papilífero é a neoplasia maligna mais comum da tireoide. O efeito da coexistência da tireoidite de Hashimoto (TH) no prognóstico do carcinoma papilífero da tireoide (CPT) permanece controverso.

Objetivo: Avaliar a associação entre TH e parâmetros clínico-patológicos entre pacientes com diagnóstico de carcinoma papilífero da tireoide obtidos através de análise de uma série histórica institucional.

Método: Coorte transversal com base em uma coorte histórica, envolvendo todos os casos submetidos à tireoidectomia total por motivo de carcinoma papilífero, realizadas na mesma Instituição ao longo de 11 anos.

Resultados: Um total de 417 pacientes foram incluídos no estudo, estando 148 (35,4%) associados à TH. Observamos preponderância de mulheres entre os casos associados à TH. Esses casos se apresentaram com menor média de diâmetro tumoral, menor frequência de comprometimento extra-tireoidiano e estadiamento clínico-patológico mais precoce.

Conclusões: Um percentual expressivo de casos de CPT apresenta-se associado à TH. A associação entre esses casos, com vários fatores histopatológicos já reconhecidos por seu valor prognóstico, pode por si só influenciar no desfecho desses pacientes.

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Introduction

Papillary thyroid carcinoma (PTC) and Hashimoto's thyroiditis (HT) are common diseases in clinical practice. Papillary carcinoma is the most common malignant neoplasm of the thyroid. HT is the most prevalent autoimmune disease and one of the most common endocrine diseases.¹ This condition is the most common cause of hypothyroidism, excluding cases secondary to thyroidectomy, that are predominant among females.² The association between PTC and HT was first described in 1955 by Dailey et al.,³ and became evident because of an increase in new cases of thyroiditis diagnosed by anatomopathological exams over the past decades. The concept of chronic inflammation as a risk factor for the development of malignancies has been well established for other tumors. However, with respect to these two entities, the association of cause and effect between them remains uncertain.⁴ Both diseases may have a subclinical course and may be merely an incidental diagnosis. Most publications on the subject are based on historical reviews of series of patients undergoing thyroidectomy, or on large exploratory studies among patients who underwent fine needle aspiration (FNA).⁴ The results now available do not allow definitive conclusions, although the evidence that nonspecific focal or multifocal lymphocytic infiltrates may also occur more frequently in cases of PTC suggests that the tumor can exert some degree of influence on the rest of the gland.¹

Some authors have reported that the presence of HT in patients with PTC is associated with a less aggressive clinical presentation and course.⁵⁻⁷ However, other studies have not found similar effects.⁸⁻¹⁰ The objective of this study was to investigate a large institutional series of patients with PTC noting the prevalence of an association of HT

and, comparing clinicopathological characteristics of PTC patients with or without an associated HT.

Methods**Patients**

The histopathological records of all patients who underwent total thyroidectomy at this institution with a final histopathological diagnosis of PTC from June of 2000 to December of 2010 were reviewed. Of 623 cases of thyroidectomy due to thyroid cancer conducted in the period, 417 (66.97%) met the inclusion criteria. All patients underwent clinical and ultrasonographic evaluation in the preoperative period. Relevant cases underwent cytologic evaluation of thyroid nodules by FNA. Neck dissection procedures in the central or lateral compartment are not performed electively at this institution, but rather are reserved for cases with clinical or ultrasonographic evidence of lymph node metastases. Patients with nonspecific focal (16 cases) or multifocal (40 cases) thyroiditis, cases of thyroid disease due to Graves' disease (two cases) or xanthogranulomatous inflammation (four cases), cases submitted to partial thyroidectomy (60 cases), cases with more than one tumor histology in the same gland (two synchronous cases of papillary and follicular carcinoma, and one synchronous case of papillary and medullary carcinoma), and cases with no information on tumoral diameter (19 cases) were excluded from the analysis.

The following parameters were entered into a dedicated database (Microsoft Excel® 2003 version; Microsoft Corporation – Redmond, WA, United States): age, gender, concomitant HT, association with lymph node dissection,

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