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Influence of chronic lymphocytic thyroiditis on the risk of persistent and recurrent disease in patients with papillary thyroid carcinoma and elevated antithyroglobulin antibodies after initial therapy[☆]

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KEYWORDS

Thyroid cancer;
Chronic lymphocytic thyroiditis;
Elevated antithyroglobulin;
Persistent and recurrent disease

Abstract

Introduction: In patients with papillary thyroid carcinoma who have negative serum thyroglobulin after initial therapy, the risk of structural disease is higher among those with elevated antithyroglobulin antibodies compared to patients without antithyroglobulin antibodies. Other studies suggest that the presence of chronic lymphocytic thyroiditis is associated with a lower risk of persistence/recurrence of papillary thyroid carcinoma.

Objective: This prospective study evaluated the influence of chronic lymphocytic thyroiditis on the risk of persistence and recurrence of papillary thyroid carcinoma in patients with negative thyroglobulin but elevated antithyroglobulin antibodies after initial therapy.

Methods: This was a prospective study. Patients with clinical examination showing no anomalies, basal Tg < 1 ng/mL, and elevated antithyroglobulin antibodies 8–12 months after ablation were selected. The patients were divided into two groups: Group A, with chronic lymphocytic thyroiditis on histology; Group B, without histological chronic lymphocytic thyroiditis.

Results: The time of follow-up ranged from 60 to 140 months. Persistent disease was detected in 3 patients of Group A (6.6%) and in 6 of Group B (8.8%) ($p = 1.0$). During follow-up, recurrences were diagnosed in 2 patients of Group A (4.7%) and in 5 of Group B (8%) ($p = 0.7$). Considering both persistent and recurrent disease, structural disease was detected in 5 patients of Group A (11.1%) and in 11 of Group B (16.1%) ($p = 0.58$). There was no case of death related to the disease.

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Conclusion: Our results do not support the hypothesis that chronic lymphocytic thyroiditis is associated with a lower risk of persistent or recurrent disease, at least in patients with persistently elevated antithyroglobulin antibodies after initial therapy for papillary thyroid carcinoma.

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PALAVRAS-CHAVE

Câncer de tireoide;
Tireoidite linfocítica crônica;
Antitireoglobulina elevada;
Doença persistente e recorrente

Influência da tireoidite linfocítica crônica sobre o risco de doença persistente e recorrente em pacientes com carcinoma papilífero de tireoide e anticorpos antitireoglobulina elevados após a terapia inicial

Resumo

Introdução: Em pacientes com carcinoma papilífero de tireoide e com tireoglobulina sérica negativa após a terapia inicial, o risco de doença estrutural é maior entre aqueles com anticorpos antitireoglobulina elevados em comparação com pacientes sem anticorpos antitireoglobulina. Outros estudos sugerem que a presença de tireoidite linfocítica crônica está associada a um menor risco de persistência/recorrência do carcinoma papilífero de tireoide.

Objetivo: Este estudo prospectivo avaliou a influência da tireoidite linfocítica crônica sobre o risco de persistência e recorrência do carcinoma papilífero de tireoide em pacientes com tireoglobulina negativa, mas com anticorpos antitireoglobulinas elevados após a terapia inicial.

Método: Esse foi um estudo prospectivo, no qual foram selecionados pacientes com exame clínico sem anomalias; tireoglobulina basal < 1 ng/mL e anticorpos antitireoglobulina elevados 8-12 meses após ablação. Os pacientes foram divididos em dois grupos: Grupo A, com tireoidite linfocítica crônica no exame histológico; Grupo B, histologicamente sem tireoidite linfocítica crônica.

Resultados: O tempo de seguimento variou de 60 a 140 meses. Doença persistente foi detectada em 3 pacientes do Grupo A (6,6%) e em 6 do Grupo B (8,8%) ($p=1,0$). Durante o seguimento, as recidivas foram diagnosticadas em 2 pacientes do Grupo A (4,7%) e em 5 do Grupo B (8%) ($p=0,7$). Considerando tanto a doença persistente quanto a recorrente, doença estrutural foi detectada em 5 pacientes do Grupo A (11,1%) e em 11 do Grupo B (16,1%) ($p=0,58$). Não houve nenhum caso de óbito relacionado à doença.

Conclusão: Nossos resultados não apoiam a hipótese de que a tireoidite linfocítica crônica esteja associada a um menor risco de doença persistente ou recorrente, pelo menos em pacientes com anticorpos antitireoglobulina persistentemente elevados após a terapia inicial do carcinoma papilífero de tireoide.

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Introduction

In patients with papillary thyroid carcinoma (PTC) who have negative serum thyroglobulin (Tg) after initial therapy, the risk of structural disease is significantly higher among those with elevated antithyroglobulin antibodies (TgAb) compared to patients without TgAb.¹⁻³ Other studies suggest that the presence of chronic lymphocytic thyroiditis (CLT) is associated with a lower risk of persistence/recurrence of PTC.⁴ Although the association of these findings (elevated TgAb and CLT) is common, many patients with elevated TgAb do not have CLT.^{1,2,5-7} Thus, it is possible that in patients with elevated TgAb, the risk of tumor persistence/recurrence differs between those with and without associated CLT, with a lower risk being expected for the former.⁴ In fact, some studies have demonstrated this protective effect of

CLT specifically in patients with elevated TgAb.^{5,7} However, other series found no influence of CLT on the evolution of these patients.^{1,2} In contrast, one study demonstrated a higher risk of persistent/recurrent disease in patients with PTC and elevated TgAb when the latter were associated with CLT (compared to nonspecific TgAb and not related to CLT).⁶

This divergence in the results, together with the limitations of the studies that were retrospective and included a limited number of patients with elevated TgAb,^{1,2,5-7} shows that the influence of CLT on tumor persistence/recurrence in patients with TgAb remains undefined. In addition, tumor persistence and recurrence are distinct outcomes and their separate analysis is desirable.³

In view of the need for further, ideally prospective, studies that include a larger number of patients and are specifically designed,^{6,7} we conducted this prospective study

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