外科病理討論會 - 甲狀腺案例

2018-03-24　69/F
主訴：左頸摸到腫塊
　　甲狀腺功能正常
〝3.6×2.3×1.3 公分左甲狀腺病灶〞

①蘇正熙教授提出
②張智恩外科醫院醫師報告
③影像醫學部孫國彬醫師報告
④解剖病理科鄺偉綱醫師報告
⑤外科部常傳訓紀錄

三次甲狀腺穿刺抽吸化驗，正常甲狀腺長寬 1.3~1.6 公分 高 4-6 公分
峽部＜3mm
甲狀腺超音波檢查看-大小. 邊緣. 腫塊. 內容物之密度是否有 halo，看血液是否有血液循環增加現象
第一次細針抽吸後，第二次細針抽吸之原因：
　　細胞學報告、atypia-5~15% malignancy
按照 ATA guidline 甲狀腺檢查，超音波報告分為 high suspicion，intermediate suspicion，low suspicion，-根據分類而安排進一步檢查
再依據 Betheda 細胞學分類，未判定甲狀腺良性、惡性- -

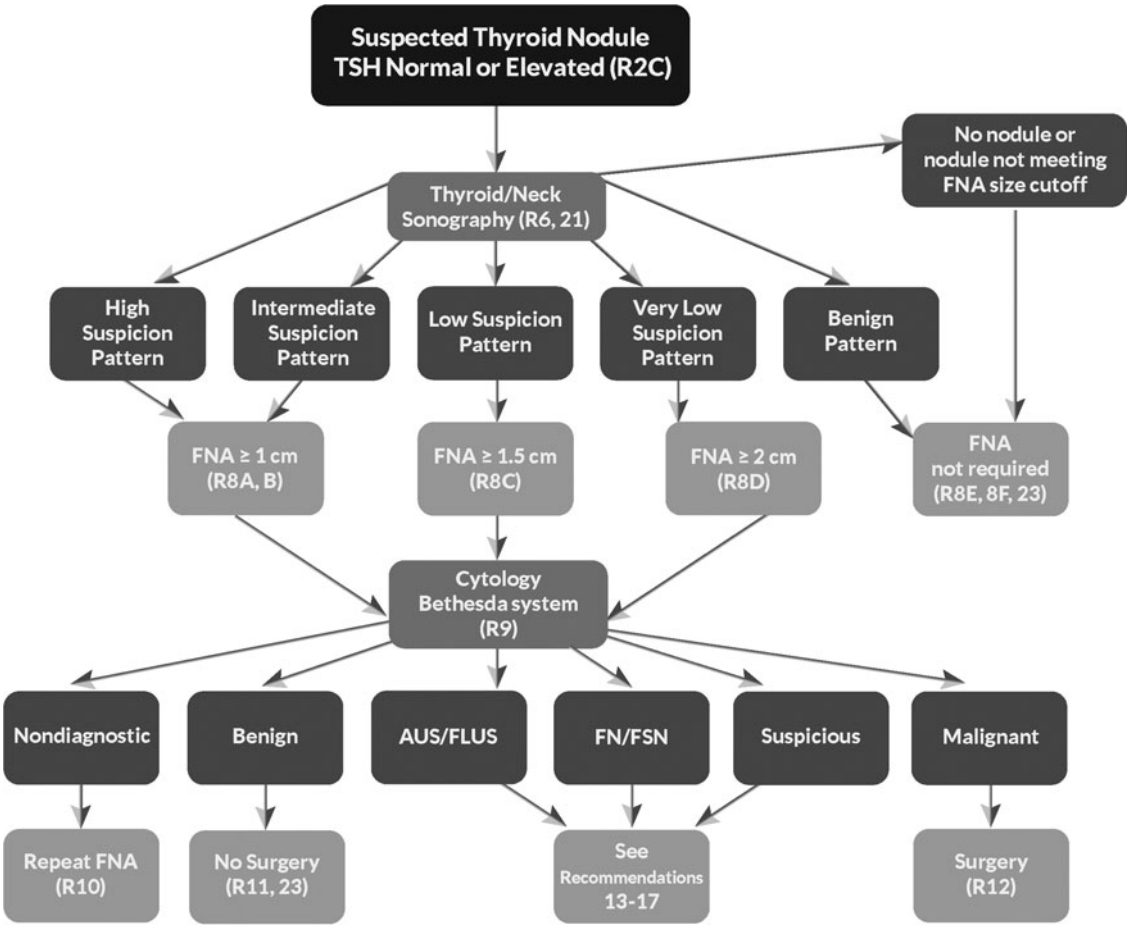

FIG. 1. Algorithm for evaluation and management of patients with thyroid nodules based on US pattern and FNA cytology. R, recommendation in text.

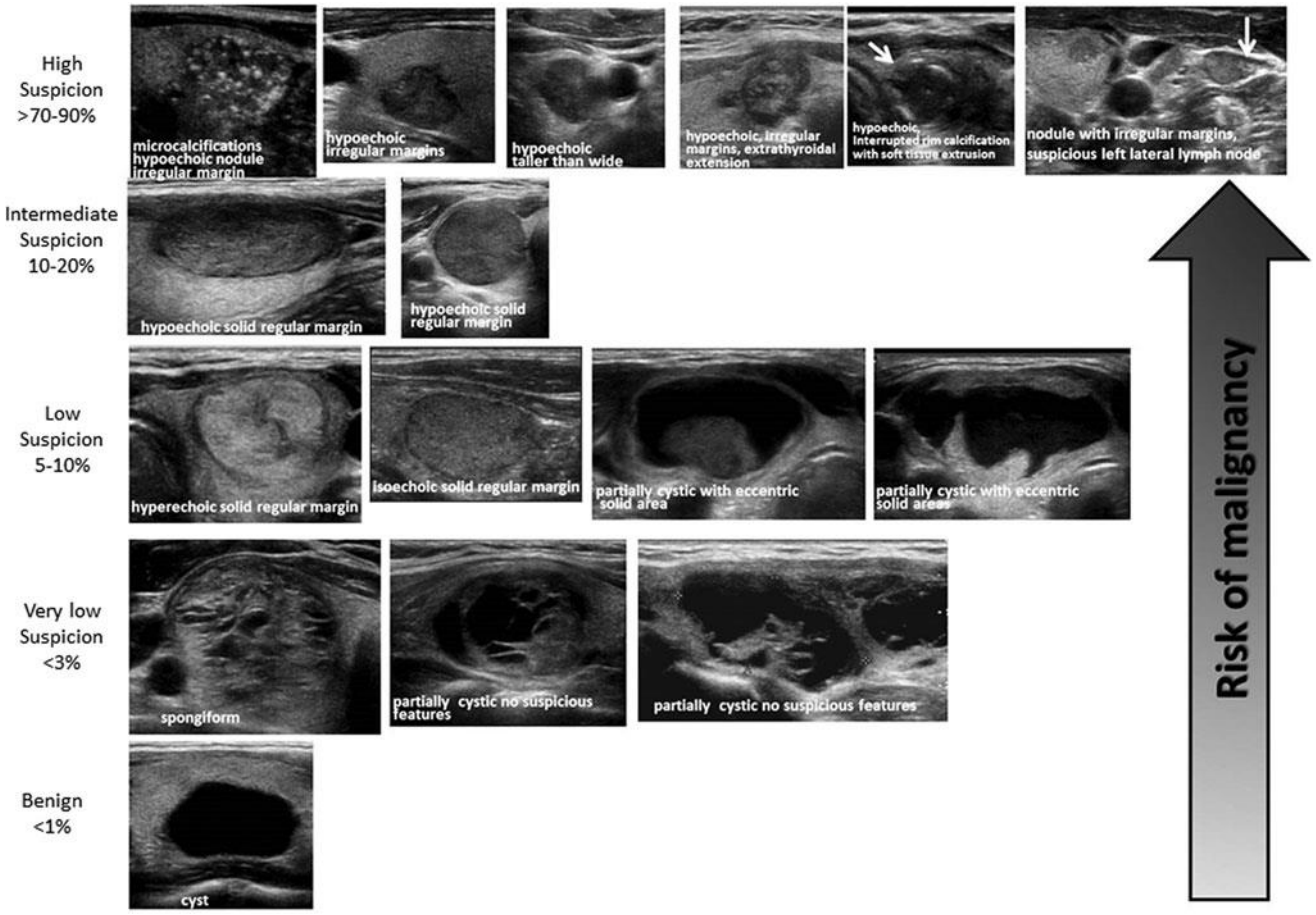

FIG. 2. ATA nodule sonographic patterns and risk of malignancy.

Table 6. Sonographic Patterns, Estimated Risk of Malignancy, and Fine-Needle Aspiration Guidance for Thyroid Nodules

Sonographic pattern	*US features*	*Estimated risk of malignancy, %*	*FNA size cutoff (largest dimension)*
High suspicion	Solid hypoechoic nodule or solid hypoechoic component of a partially cystic nodule *with* one or more of the following features: irregular margins (infiltrative, microlobulated), microcalcifications, taller than wide shape, rim calcifications with small extrusive soft tissue component, evidence of ETE	>70–90[a]	Recommend FNA at ‡1 cm
Intermediate suspicion	Hypoechoic solid nodule with smooth margins *without* microcalcifications, ETE, or taller than wide shape	10–20	Recommend FNA at ‡1 cm
Low suspicion	Isoechoic or hyperechoic solid nodule, or partially cystic nodule with eccentric solid areas, *without* microcalcification, irregular margin or ETE, or taller than wide shape.	5–10	Recommend FNA at ‡1.5 cm
Very low suspicion	Spongiform or partially cystic nodules *without* any of the sonographic features described in low, intermediate, or high suspicion patterns	<3	Consider FNA at ‡2 cm Observation without FNA is also a reasonable option

Benign	Purely cystic nodules (no solid component)	<1	No biopsy[b]

US-guided FNA is recommended for cervical lymph nodes that are sonographically suspicious for thyroid cancer (see Table 7).

[a]The estimate is derived from high volume centers, the overall risk of malignancy may be lower given the interobserver variability in sonography.

[b]Aspiration of the cyst may be considered for symptomatic or cosmetic drainage.

ETE, extrathyroidal extension.

甲狀腺腫瘤切除 術中送冰凍切片

困難點：1. 如何於細胞學診斷區分良性、惡性

2. 如何於冰凍切片診斷區分良性、惡性

- 本例 poorly differentiated thyroid carcinoma 2004 WHO (PDTC) 定義分類

原因不明

顯微鏡特徵 1)mitotic activity ≥3/10HPF 2)tumor necrosis，此二點於 well-differentiated 甲狀腺癌沒有, 預後差, 可能轉移機率高。

引述美國 MSKCC 論文 1986-2009 91 例

poorly differentiated thyroid carcinoma

大部分 62%女性

75%＞45 yrs

主要 pT3、T4c

26%遠端

88%全切除(兩側)

77%接受 adjuvant T131 therapy

祇有 3% radiotherapy

5yr locoregional control：81%

查—

結論：起初手術可以決定有較好的局部控制，但 27/91 中死於遠端轉移(骨、肺)

常傳訓記錄

2018.05.01