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Papillary micro carcinoma of thyroid in resected benign multinodular goitres shows correlation with weight of the specimen

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Introduction: The thyroid cancer in Pakistan is accountable for 1.2% cases of all cancers. Earlier information from Pakistan showed Papillary Thyroid Carcinoma (PTC) to comprise 57-89% of all thyroid malignancies As per World Health Organization (WHO), papillary microcarcinoma of thyroid (PMCT) is a small area of malignant transformation measuring up to 1 cm or less being defined by WHO, that is currently being diagnosed more often than the past. Albeit small, they have the capability of metastasizing to regional lymph node and may disappear after metastasis.

Objective: To evaluate the prevalence of PMCT in benign multinodular goiter in thyroidectomy specimens

Materials: The study was performed in Histopathology Laboratory of Peshawar Medical College, where 32 specimens of multinodular goitre (MNG) patients were received from its affiliated hospitals. The patients' details were obtained from the hospital records. The specimens were closely examined for the presence of suspicious foci both grossly and microscopically. Results obtained were recorded and data was analysed statistically.

Results: All the 32 specimens of the patients were thyroids.

MNG 28 (87.5%) cases followed by PMCT 2 (6.25%), papillary thyroid carcinoma (PTC) 1 and (3.12) follicular adenoma 1(3.12%). The results show a predominance of female patients in surgically resected MNGs with a relatively low incidence of neoplastic transformation. Our study reported two cases of PMCT and both were from different age groups, one was below 25 years and the other was 48 years. Patients mean age was 38.63 years with a SD± 12.95 years. The size and weight of the samples varied. The mean of weight was 206.31±304.50 grams, which is due to the reason that many outliers were noted in weight category.

Conclusion: In thyroid excisions the weight of the excised specimen holds much great importance in determination/ diagnosis of the disease. The risk of malignancy is higher in MNG compare to solitary nodules. The prevalence of PMCT (6.25%) are higher in smaller nodules is compare to PTC (3.12%). Furthermore, the fact that our both PMCTs occurred in total thyroidectomy specimens cautions us for their prudent assessment both in gross and histopathological levels.

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