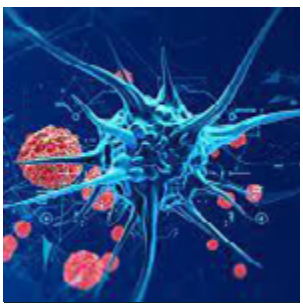
Accepted Abstracts

Surgical Pathology 2023





5th World Congress on

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General characteristics of benign bone tumors

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The majority of primary bone tumors are benign tumors, and the etiology is unknown. Benign bone tumors range from coincidental lesions that do not cause any symptoms and do not require treatment, to lesions with aggressive behavior that can cause deformity and pathological fractures and require surgical treatment. Most benign tumors can only be diagnosed with direct radiographs.

Despite today's advanced imaging techniques, history, and physical examination always have priority in patients with tumors. Briefly, the order in the diagnostic algorithm should be clinical evaluation, radiology, and histopathology (biopsy).

Unlike other tumors, the age and location characteristics of bone tumors are quite stable. And orthopedic surgeons, pathologists, radiologists, and oncologists should evaluate the cases together.

The most reliable indicator to determine whether these lesions are benign or malignant is the zone of transition between the lesion and the adjacent normal bone. The geographic pattern has a narrow transition zone, and most benign tumors and some slow-growing malignant tumors have this pattern. A wide transition zone is seen especially in malignant tumors, but it can also be seen in osteomyelitis and some benign tumors. Moth-eaten and permeative patterns are seen in malignant tumors.

Lesions that are asymptomatic, radiologically benign, and do not damage the mechanical integrity of the bone should only be followed. A biopsy should be performed on a lesion that is painless, without significant growth, but a clear differential diagnosis cannot be made. Lesions that are clinically indistinguishable and show radiologically aggressive criteria should be biopsied.

The most popular and useful staging system for orthopedic surgeons is the Enneking staging system. In this system, benign bone tumors are classified into three groups: latent, active, and aggressive.

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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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