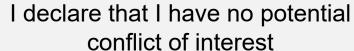


Thyroid Slide Seminar Case 1

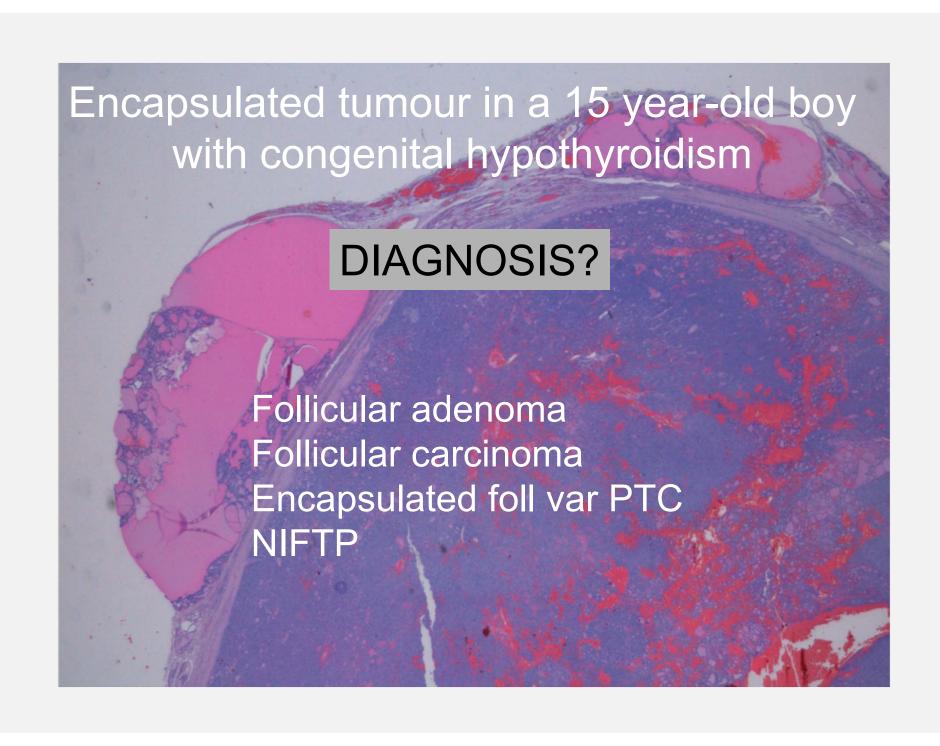
Isabel Amendoeira









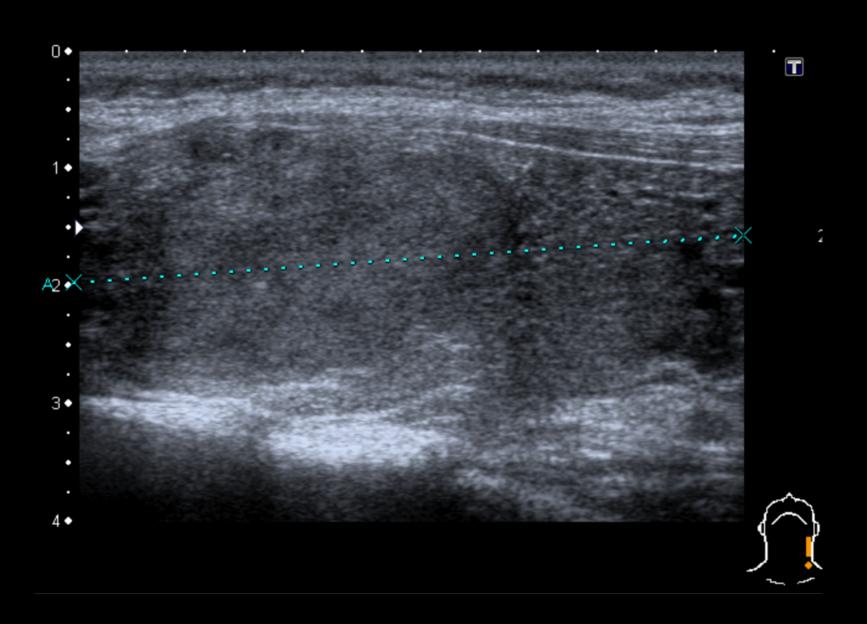


15 year-old boy

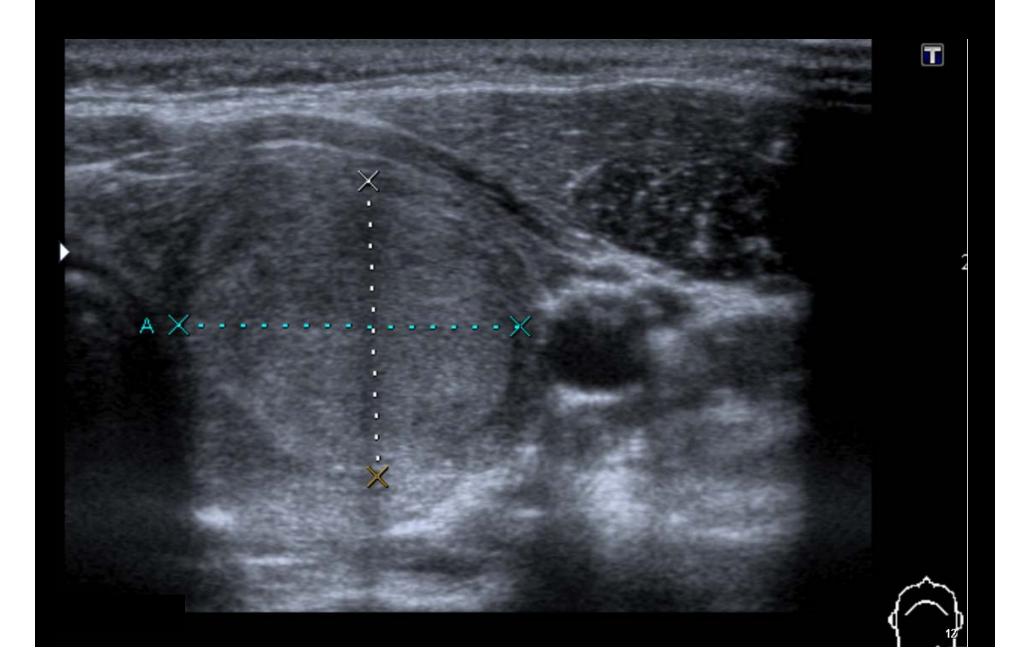
Congenital hypothyroidism under medication since neonatal period

Genetic screening for dyshormonogenesis

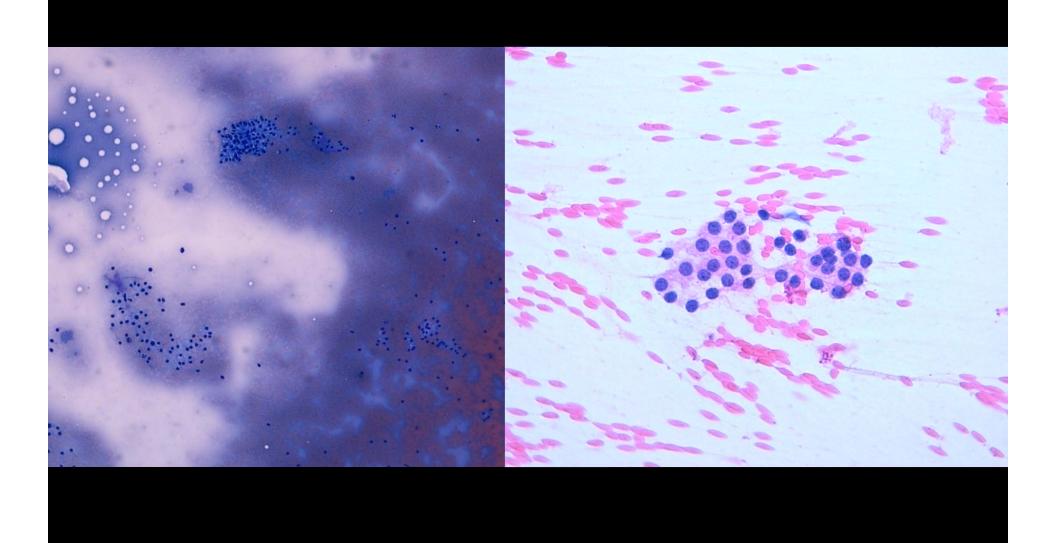
US: heterogeneous thyroid goiter



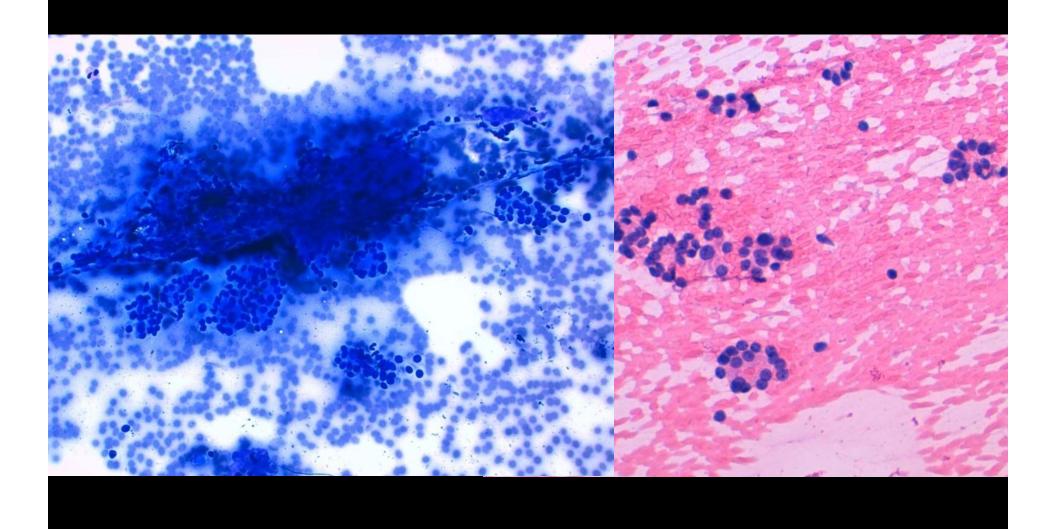
Growing solid nodule on the left lobe, 44 mm



FNA



FNA

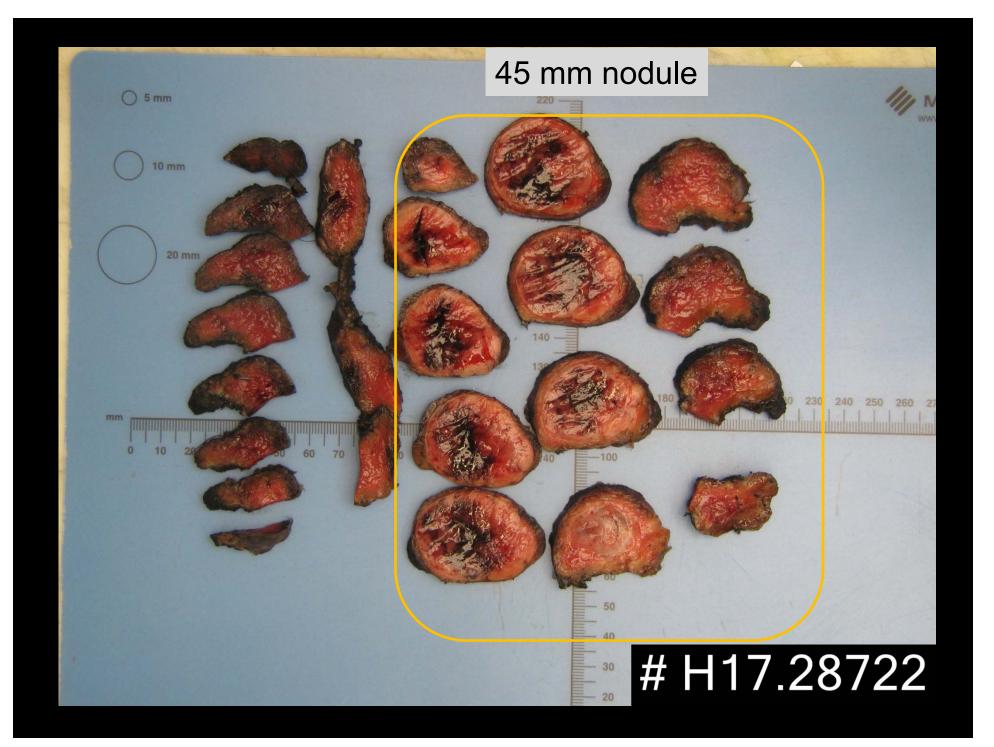


FNA diagnosis

Follicular lesion (Colloid nodule ? Follicular neoplasia?)

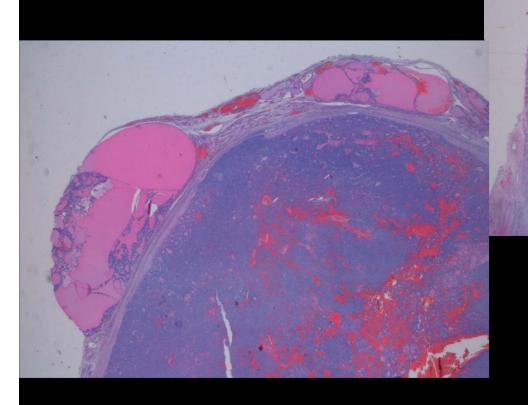
Follicular lesion of undetermined significance (Bethesda III)

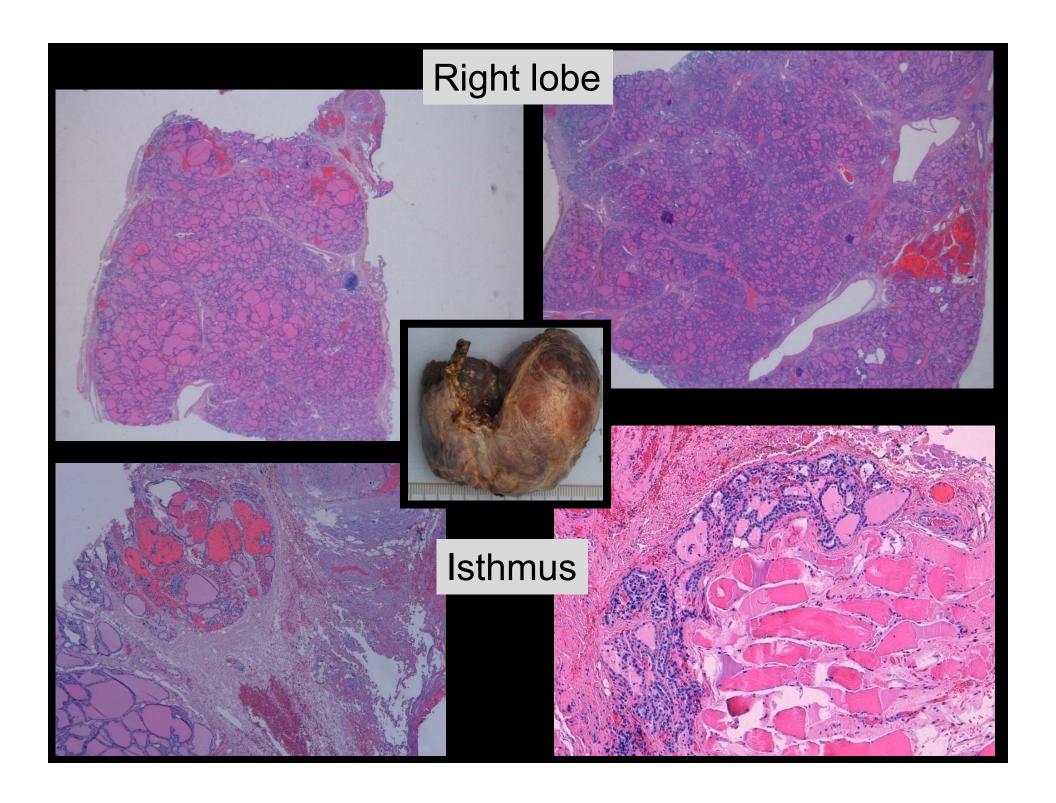


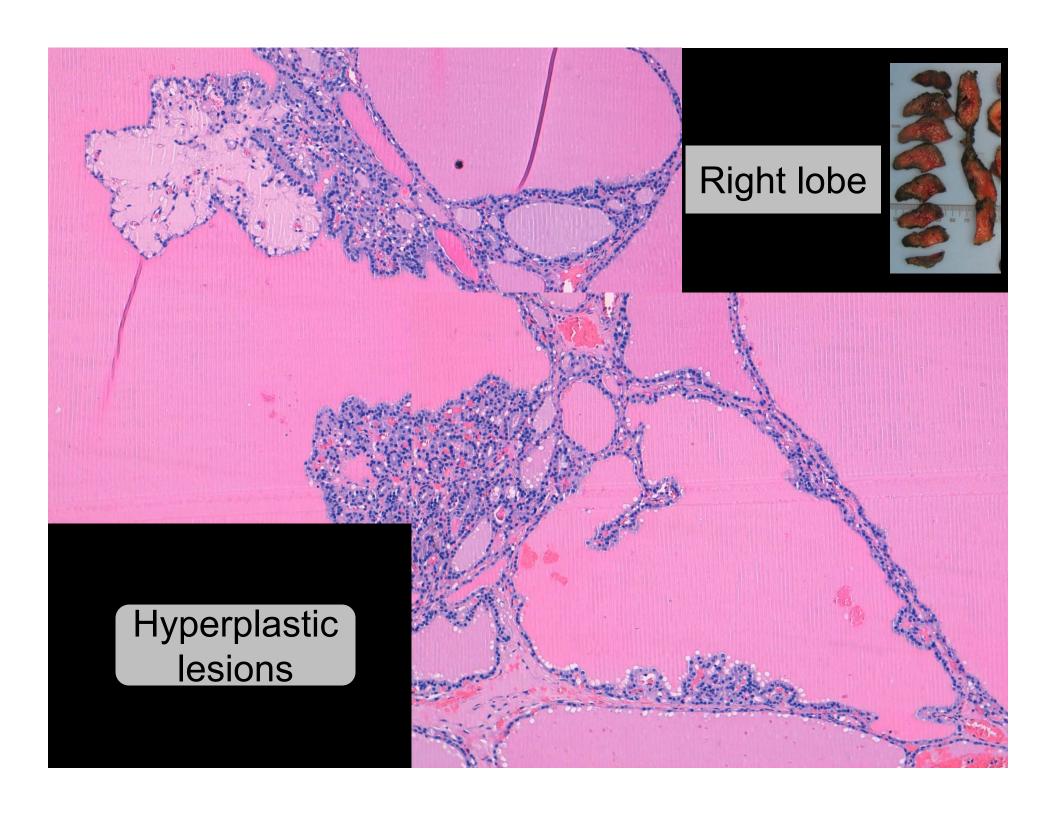


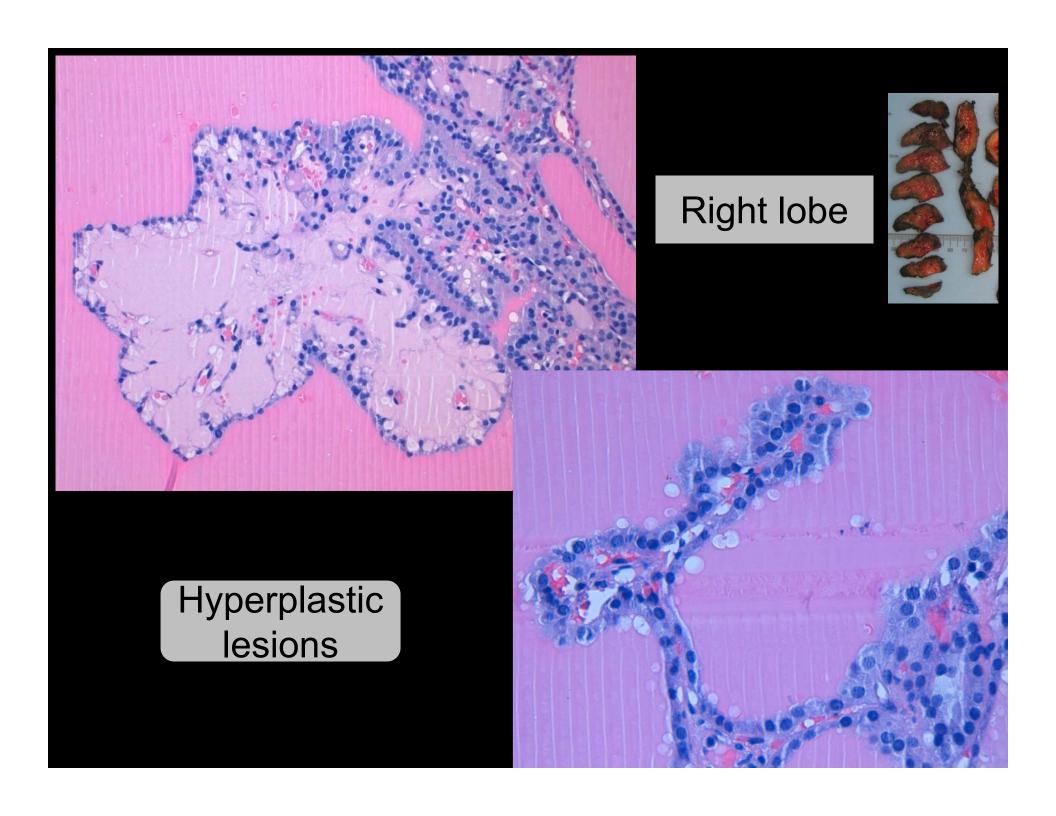


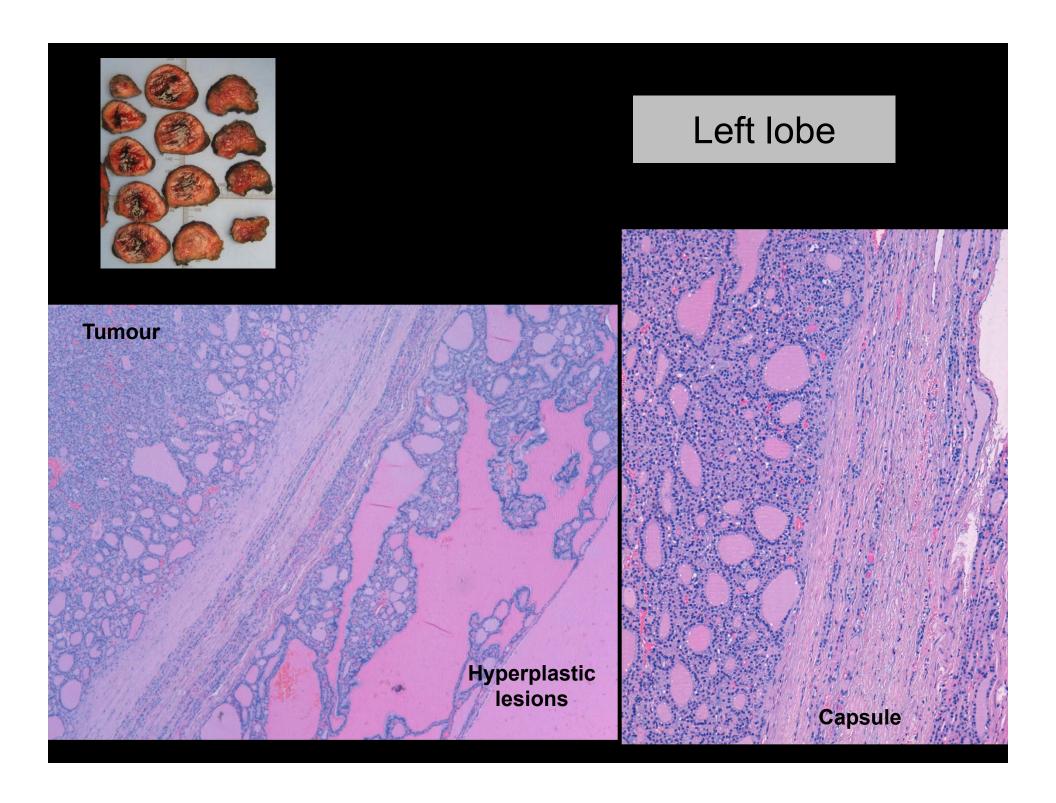
Left lobe

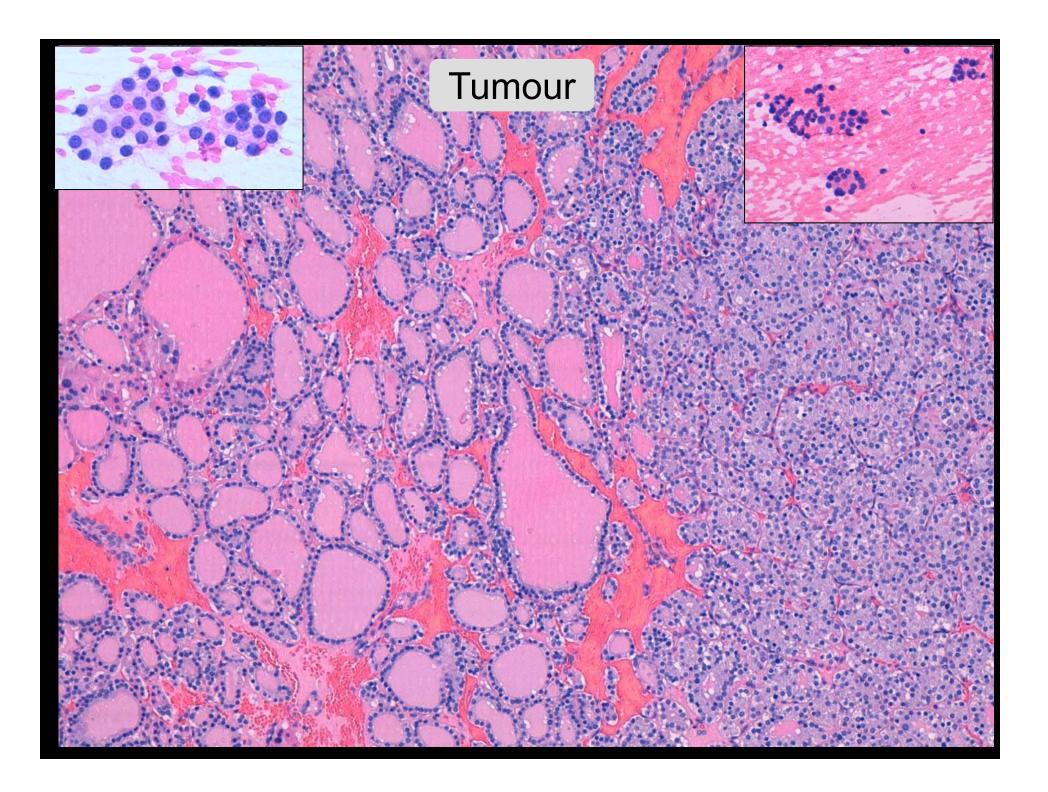


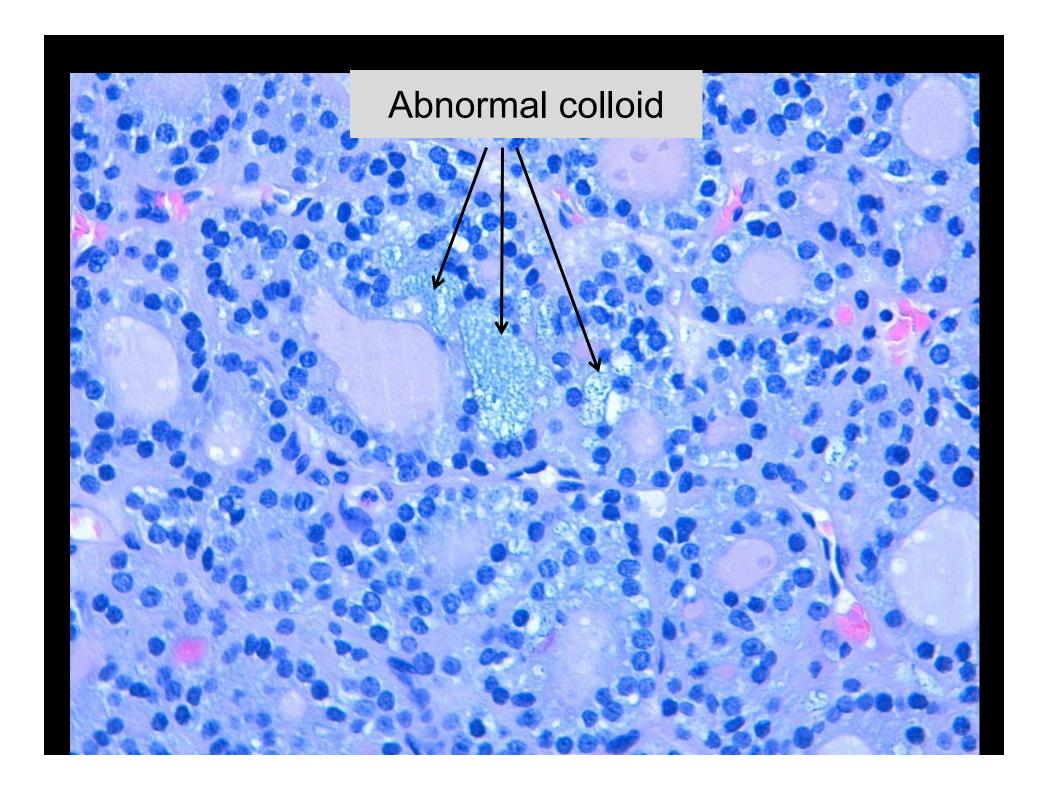


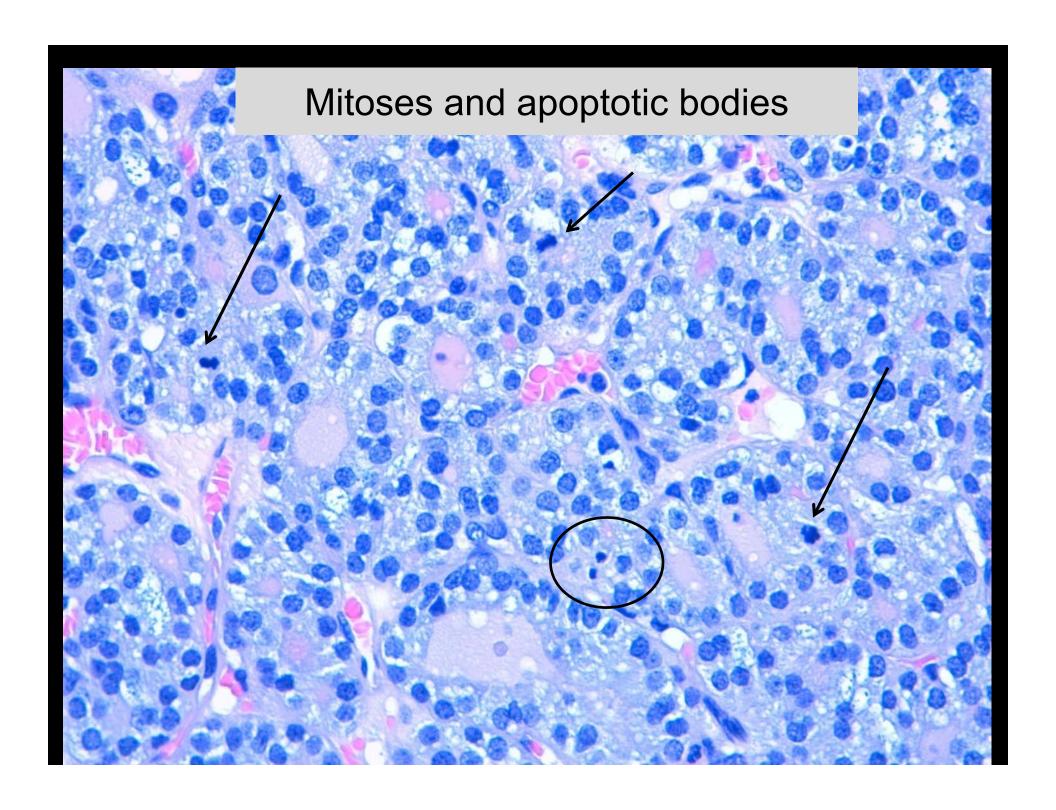


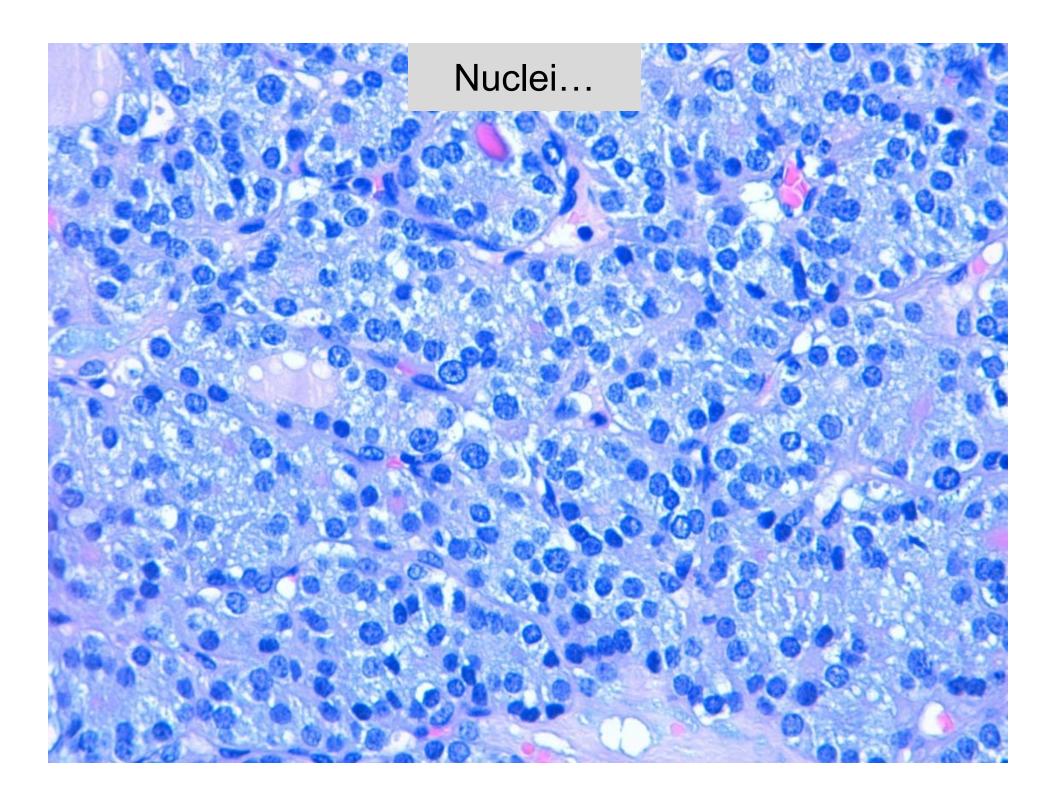


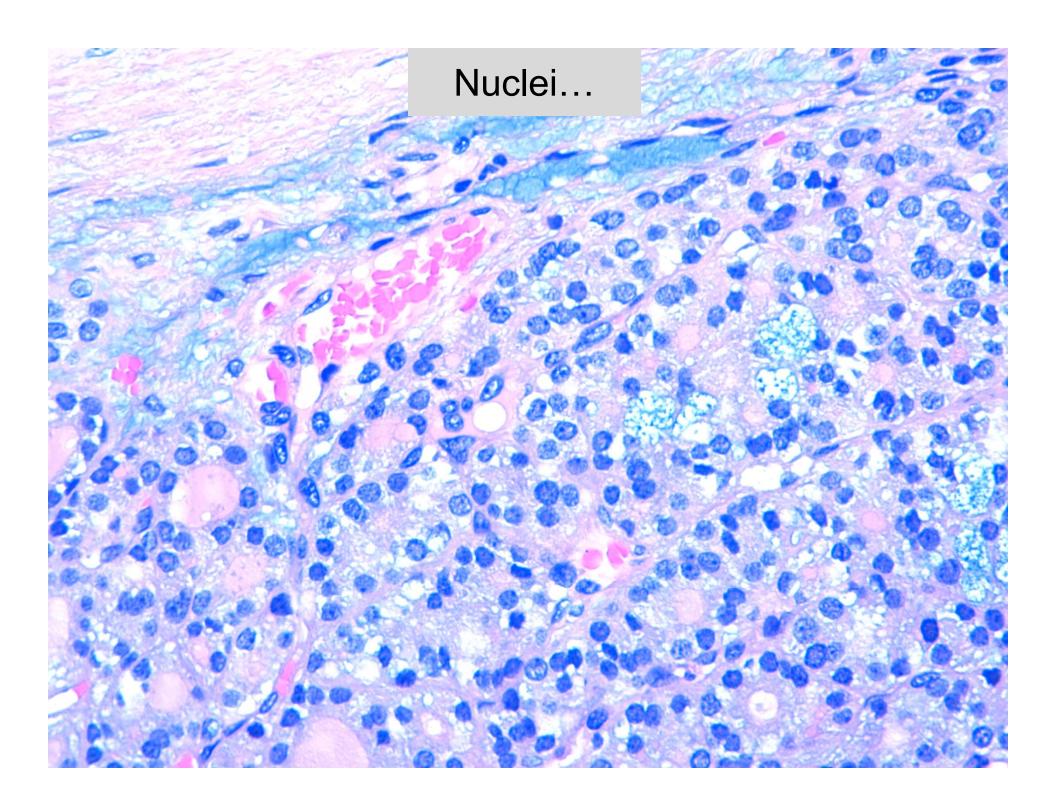


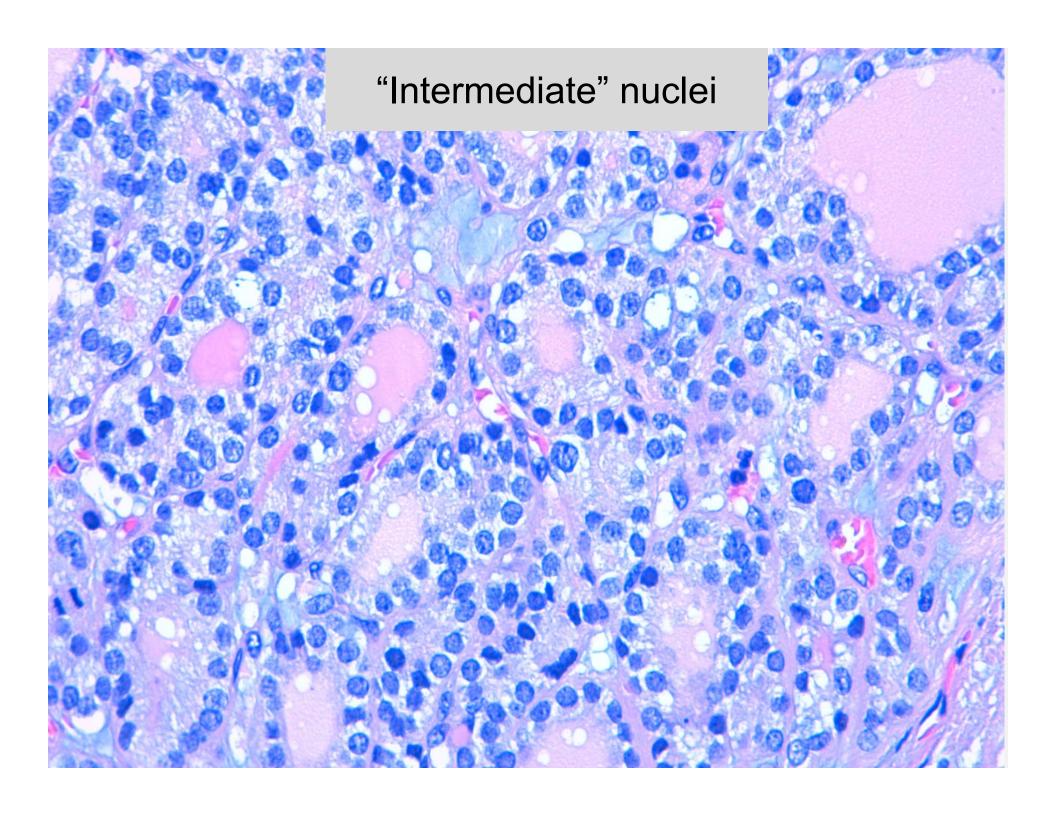












Tumour Non-tumour 40x Score 1/ Score 2 /Score 3

Table 2: Encapsulated follicular patterned tumors (WHO, 2017)

		Capsular or vascular invasion		
		Present	Questionable	Absent
Nuclear features of papillary thyroid carcinoma	Present	Invasive encapsulated FV-PTC	WDT-UMP	NIFTP
	Questionable	WDC-NOS	WDT-UMP	NIFTP
	Absent	FC	FT-UMP	FA

FA=Follicular adenoma; FC=Follicular carcinoma; FV-PTC=Papillary thyroid carcinoma, follicular variant; NIFTP=Non-invasive follicular thyroid neoplasm with papillary-like nuclear features; WDC-NOS=Well differentiated carcinoma, not otherwise specified; WDT-UMP=Well differentiated tumor of uncertain malignant potential; FT-UMP=Follicular tumor of uncertain malignant potential.

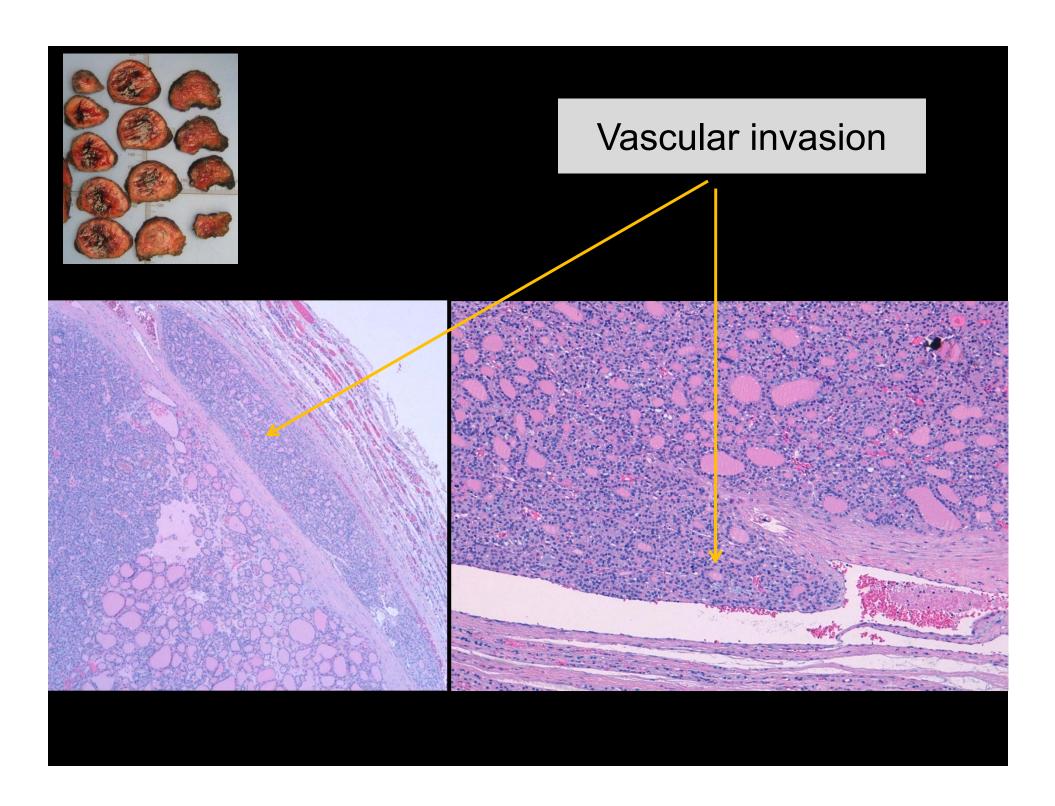


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Nuclear features of papillary thyroid carcinoma	Present	Invasive encapsulated FV-PTC	WDT-UMP	NIFTP
	Questionable	WDC-NOS	WDT-UMP	NIFTP
	Absent	FC	FT-UMP	FA

Final diagnosis

Well differentiated carcinoma, encapsulated with angioinvasion

pT3a R0 (AJCC, 8th ed)

Genetic study

28 genes panel associated to congenital hypothyroidism

c.118 patogenic variants 4_1187dup - exon 8 c.1978C>G - exon 11 of *TPO* gene

Adjuvant treatment and follow-up

Radioactive iodine

Eutirox

10 months of FU - no evidence of metastases

Metastatic Thyroid Carcinoma Arising from Congenital Goiter due to Mutation in the Thyroperoxidase Gene*

GERALDO MEDEIROS-NETO, MARIA JOÃO GIL-DA-COSTA, CECÍLIA L. S. SANTOS, ANA MARIA MEDINA, J. COSTA E SILVA, R. M. TSOU, AND MANUEL SOBRINHO-SIMÕES

Minimally invasive follicular thyroid carcinoma developed in Chertok Shacham E¹, Ishav A, Irit E, Pohlenz J, Tenenbaum-Rakover y

909

Cancer Biomarkers 15 (2015) 909–913 DOI 10.3233/CBM-150522 IOS Press

Case report

TPO gene mutations associated with thyroid carcinoma: Case report and literature review

Dyshormonogenic goiter and Thyroid carcinoma

	n	Histology	mutation
McGirr EM et al,1959 Crooks J et al, 1963 Medeiros-Neto et al,1970 Cooper et al, 1981 Yashiro T el al,1987	8 confirmed malignant cases, 5 with lung and bone mets		TPO
Medeiros –Neto et al, 1998	1 (newborn)	DTC with vasc inv, lung and bone mets	TPO
Chertok S et al, 2012	1	FTC	TPO
Zhu H et al, 2015	1	Multifocal papillary ca	TPO



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journal homepage: http://www.ijporlonline.com/

Pediatric thyroid cancer: An update from the SEER database 2007–2012*



Sarah Dermody a, *, Andrew Walls c, Earl H. Harley Jr. a, b

Table 2
Demographics of pediatric patients diagnosed with thyroid cancer.

Carcinoma subtype	Diagnosis count	Frequency of total
Papillary	1014	58.8
Papillary follicular variant	397	23.0
Follicular	173	10.1
Medullary	139	8.1

a Georgetown University School of Medicine, Washington, DC, 20007, USA

b Department of Otolaryngology — Head & Neck Surgery, Georgetown University Hospital, Washington, DC, 20007, USA

Department of Surgery Division of Otolaryngology, Yale New Haven Hospital, New Haven, CT, 06510, USA

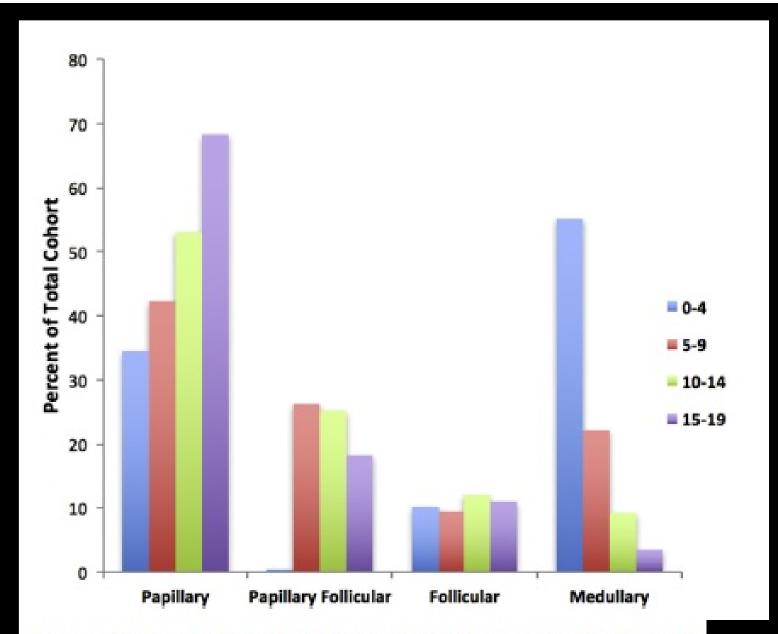


Fig. 1. Incidence of pediatric thyroid carcinoma based on most frequent subtype

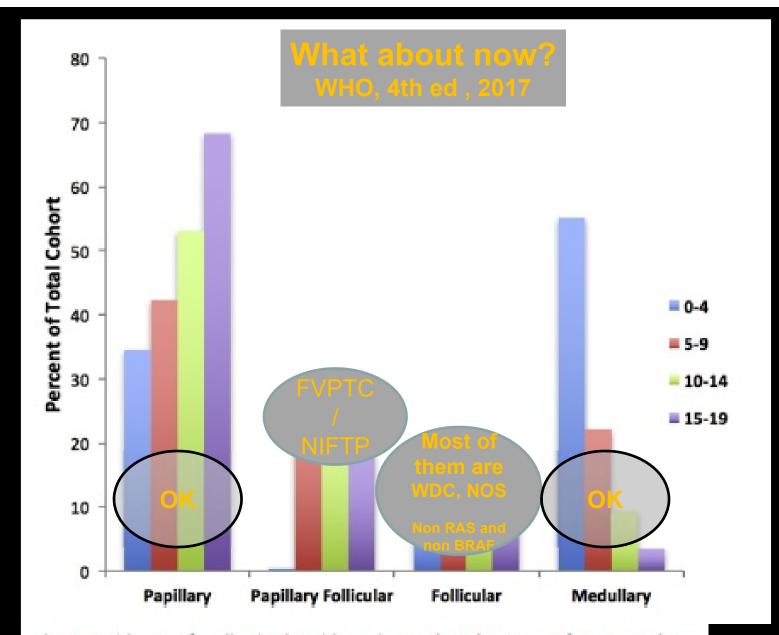


Fig. 1. Incidence of pediatric thyroid carcinoma based on most frequent subtype

THANK YOU

