

# Endocrine Abstracts

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# Endocrine Abstracts

## 24th European Congress of Endocrinology 2022

European Society of Endocrinology

21–24 May 2022, Milan, Italy

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**EP1144****Thyroid cancer arising from thyroglossal duct cyst: What are the therapeutic strategies?**

Mohamed Masmoudi, Wadii Thabet, Chaima Zitouni, Ezer Chebil, Mehdi Hasnaoui & Khalifa Mighri  
Tahar Sfar Hospital, Mahdia, Otorhinolaryngology, Tunisia

**Introduction**

Thyroglossal duct cysts are the most common congenital cervical anomaly. Malignant transformation is very uncommon: 1-1.5%. However, therapeutic strategy is still not codified. Our aim is to describe the therapeutic features of thyroid cancer arising from thyroglossal duct cyst.

**Materials and Methods**

We report 3 cases of thyroid cancer arising from thyroglossal duct cyst, treated in our department between 1996 and 2021.

**Results**

Two men and one woman were included. The mean age was 17 years. The mean size of the cervical swelling was 36 mm. The treatment consisted of excision of the thyroglossal duct according to the Sistrunk procedure in the 3 cases. The diagnosis of malignancy was made on intraoperative examination in one case and on postoperative histologic exam in 2 cases. The histologic type was papillary carcinoma in all cases. Total thyroidectomy and radioactive Iodine were performed in all cases and bilateral central neck dissection was associated in two cases. The evolution was favorable in all 3 cases after a mean follow-up of 30 months.

**Conclusion**

The therapeutic management of thyroid cancer arising from thyroglossal duct cyst remains a subject of debate regarding the need for thyroidectomy and radioactive iodine. According to several authors, carcinoma can develop de novo within the thyroglossal duct, while others believe that the thyroglossal duct may be a natural route for the spread of carcinoma from the thyroid gland.

DOI: 10.1530/endoabs.81.EP1144

**EP1145****Thyroid ultrasound characteristics in malignancy prediction**

Valentina Velkoska Nakova  
Clinical Hospital, Faculty of Medical Science, University Goce Delcev, Internal Medicine, Stip, Macedonia

**Objective**

To evaluate the diagnostic accuracy of thyroid ultrasound characteristics of nodules in prediction of malignancy.

**Material and methods**

Retrospectively were analyzed 102 patients who underwent for FNA biopsy of thyroid nodule. All patients were examined by one ultrasound examiner. Size, taller than wide, echogenicity, borders, halo, calcification, and internal vascularity were recorded in all examined nodules. The Bethesda System for Reporting Thyroid Cytology was used in all cytological diagnoses.

**Results**

Out of the 102 patients, 88 (86.3%) were females. The mean age was  $58.7 \pm 14$  years. The study included 14 malignant and 88 benign nodules. Size, microcalcification and internal vascularization showed statistically significant positive associations with thyroid malignancy ( $P < 0.05$ ). The highest OR was found for the microcalcification (22.5 95% CI 4.48-112.78). The sensitivity and specificity of ultrasound characteristics in predicting malignancy were: size 66.76% (95% CI 34.89 – 90.08%) and 70.45% (95% CI 59.78 - 79.71%); microcalcification 83.33% (95% CI 51.59 -97.91%) and 81.82 (95% CI 72.16 – 89.24%); and internal vascularization 66.67% (95% CI 34.89 – 90.08%) and 68.18 (95% CI 57.39 – 77.71%), retrospectively. Each ultrasound characteristic had negative predictive value from 93 - 97% in malignant nodules.

**Conclusion**

The presence of microcalcification was found the most important criteria in prediction of thyroid malignancy.

DOI: 10.1530/endoabs.81.EP1145

**EP1146****Papillary carcinoma of the thyroid associated with Marine-Lenarth syndrome: about a case**

Amira Bouchenna<sup>1</sup>, Abdelghani Tibouk<sup>2</sup>, Ghennam Brahim<sup>3</sup> & Ould Kablia Samia<sup>1</sup>

<sup>1</sup>Central Hospital of Army, Endocrinology, Algeria; <sup>2</sup>Central Hospital of Army, Anatomopathology, Algeria; <sup>3</sup>Central Hospital of Army, Nuclear, Algeria

**Introduction**

The Marine-Lenarth syndrome (MLS) is commonly defined as a combination of Graves' disease and autonomous functioning thyroid nodule (s). the risk of malignancy of these nodules is less than 1% We report a case.

**Observation**

27-year-old patient, hospitalized for treatment of a basal disease, cervical ultrasound found a 1.5 cm lower left lobe thyroid nodule classified eutirads 4. the sintigraphy found an aspect of diffuse hypercaptive goiter, TSI rate at 18 ui/l, confirming the SML. fine needle aspiration of the nodule is suspected of malignancy. a total thyroidectomy is performed after preparation with lugol. anatomo-pathological examination found a papillary carcinoma of the thyroid of 1.5 cm classified PT1bNxMx supplemented by irathrapy of 30mci

**Discussion**

MLS can affect up to 4% of Graves' disease cases. Since the reported incidence of malignancy in all cold nodules is about 1%, it's recommend to practice ultrasound and FNAC before treatments.

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**EP1147****Papillary thyroid carcinoma in its cystic form: a case report**

Kamel Farah, Loubna Guissi, Kaoutar Rifai, Hinde Iraqi & Mohammed Hassane Gharbi  
Ibn Sina University Hospital, Endocrinology and Metabolic Diseases, Rabat, Morocco

**Introduction**

The cystic nodule is an unusual presentation of papillary thyroid carcinoma (PTC), seen in less than 10% of cases. Ultrasound discovery of a thyroid cyst represents less than 5% risk of malignancy. We report the case of a patient followed for papillary thyroid carcinoma in its cystic form.

**Observation**

A 42-year-old patient with no specific history. The patient underwent a right isthmolobectomy for a thyroid nodule. Anatomopathological examination of the surgical specimen revealed a thyroid cyst with endocystic vegetations of papillary appearance, totally necrotic, in favour of a papillary carcinoma in its cystic variant. Then the patient underwent a left totalization with benign histology. The postoperative course was simple. This tumor is classified as PT1aNxMx with low risk of recurrence. The patient benefited from TSH- suppressive Levothyroxine therapy, with good clinical and biological evolution.

**Discussion**

The malignant potential of cystic thyroid nodules should never be neglected, even if it carries a low risk of malignancy. The diagnosis of PTC in its cystic form relies primarily on typical nuclear features, however, in case of histologic uncertainty, immunohistochemical stains such as HBME-1 can be used to help classify unusual presentations of PTC. Treatment and monitoring of cystic PTC follows the conventional guideline for solid PTC.

**Conclusion**

Papillary thyroid carcinoma in its cystic form is rare. Our case illustrates the importance of the management of cystic thyroid nodules with an adapted follow-up in order not to ignore a malignant etiology such as papillary thyroid carcinoma.

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