Original Research Paper



Medical Science

INCIDENCE AND COMPARATIVE STUDY OF SOLITARY THYROID NODULE IN A TERTIARY CARE HOSPITAL

Dr.C.Ramesh Babu* MD PATH, Assistant Professor, Government Pudukkottai Medical College.

*Corresponding Author

Dr. Divya H Manoharan.

MD PATH, Assistant Professor, Government Pudukkottai Medical College.

(ABSTRACT) Solitary Thyroid nodules presents as a challenge in the diagnosis, evaluation and management. This study helps to identify the incidence of solitary thyroid nodule and also the incidence of malignancy in solitary lesion of thyroid. This is retrospective study to find and compare the incidence of solitary thyroid nodule in a surgically resected specimens of a tertiary hospital from 2014-2016.

KEYWORDS: SNT, Thyroid, Incidence Of Thyroid

INTRODUCTION

Thyroid nodules presents as a challenge in the diagnosis, evaluation and management. Estimates for 2012 revealed Thyroid neoplasm as the fifth most expected malignancy in American women¹.

A discrete swelling in an otherwise impalpable gland is termed as Solitary thyroid nodule. Thyroid lesions clinically present as nodule. These nodules are solitary or multiple comprises of both Non Neoplastic and Neoplastic lesions.

Solitary nodule occurs in 4-7% of adult population. It presents in 5% of population at an average age of 60 years. It is more common in females (6.4%) as compared to males(1.5%). Most of the thyroid nodules clinically diagnosed as solitary were hyperplastic nodules in multinodular goiter, 5 to 20% found to be true malignant lesions ². The prevalence of malignancy in solitary cold nodule is more common ,ranges from 10% to 44.7% ³.

The incidence of malignancy was higher in men and young age or middle aged adults⁴. The incidence of thyroid malignancy in SNT varies from 4.7%-18.3% ⁵. Solitary nodule thyroid are common in 3rd and 5th decades, the youngest patient being 15 years old and older age being 65 years. SNT is found more common in right lobe(74%) than left lobe(26%)⁶.

AIM AND OBJECTIVE

- To study the incidence of solitary thyroid nodule among surgical specimens in tertiary hospital for a period of 2 years (2014-2016)
- 2. To study the incidence of malignancy in solitary thyroid nodule
- To study the age and sex wise distribution of solitary thyroid nodule

MATERIALS AND METHODS

This is a retrospective study of surgically removed solitary thyroid lesion. between the period of June 2014-May 2016 in a tertiary care centre. Corresponding histopathological slides were made from formalin fixed, paraffin embedded tissue of resected thyroid specimens. H&E staining was done. Histological diagnosis of each was reviewed to confirm the diagnosis.

STATISTICALANALYSIS:

Statistical analysis was performed using SPSS program version 20.Comparison of qualitative variables was done using the Chi-square test.

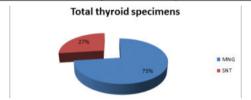
Thyroid lesions	No.of cases	Percentage
Non neoplastic	522	81%
Neoplastic	121	19%
Total	643	100%

RESULTS

The 643 surgically resected thyroid specimens were sent for histopathological examination during the study period from June 2014-May 2016. Among the 643 thyroid specimens,171 cases were clinically, radiologically diagnosed as solitary thyroid lesions. The incidence of solitary thyroid lesions was 13.29%

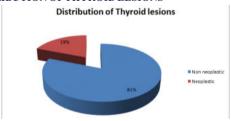
DISTRIBUTION OF TOTAL THYROID LESIONS

Total thyroid specimens	643	100%
MNG	472	73%
SNT	171	27%



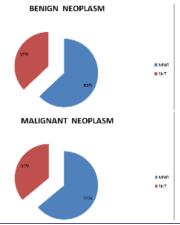
Out of 643 cases, Non-neoplastic lesions were 522 cases (81%) and Neoplastic lesions were 121 cases (19%)

DISTRIBUTION OF THYROID LESIONS



Out of 171 cases of Solitary Nodular lesions, Non Neoplastic lesions were 127 cases, Neoplastic lesions were 44 cases(benign-12, malignant-32)

MNG			SNT		
NON	NEOPLASTIC		NON	NEOPLASTIC	
NEOPA STIC	BENIGN	MALIGNANT	NEOPL ASTIC	BENIGN	MALIGNANT
395	20	57	127	12	32
83.69%	4.24%	12.07%	74.27%	7.01%	18.72%

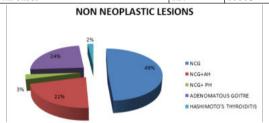


NON NEOPLASTIC LESIONS

Out of 127 cases of Non Neoplastic lesions, 62 (49%)cases were Nodular colloid goiter, Adenomatous goitre / Nodular colloid goiter with adenomatous hyperplasia were 59 cases(46%), nodular colloid goiter with papillary hyperplasia were 4 cases (3%),Hashimoto's thyroiditis were 2 cases (2%)

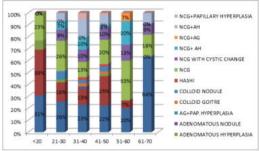
DISTRIBUTION OF NON NEOPLASTIC LESION OF SNT

lesions	No of cases	Percentage
NCG	62	49%
NCG+AH	28	22%
NCG+ PH	4	3%
ADENOMATOUS GOITRE	31	24%
HASHIMOTO'S THYROIDITIS	2	2%
Total cases	127	100%



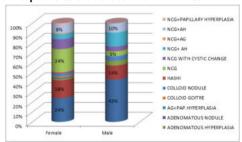
Age distribution:

The non neoplastic lesions were common in 3rd to 6th decade



Sex Distribution

The non neoplastic lesions were common in females than males.

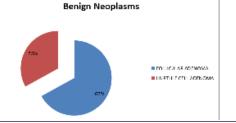


NEOPLASM BENIGN NEOPLASM:

Out of 12 benign neoplasms of SNT, Follicular adenoma were 8 cases(67%),Hurthle cell adenoma were 4 cases(33%).

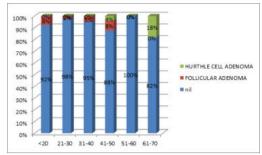
DISTRIBUTION OF BENIGN NEOPLASMS

DISTRIBETION OF BENIGNINEOT ENSING						
BENIGN NEOPLASM	NO OF	PERCENTAGE				
	CASES					
FOLLICULAR ADENOMA	8	67%				
HURTHLE CELL ADENOMA	4	33%				
TOTAL	12					



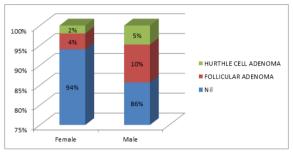
Age distribution

The peak age incidence was 20-50 years for follicular adenoma and 6^{th} decade for Hurthle cell adenoma



Sex distribution

Adenoma was found to common in males. Male to female ratio was 2.5:1

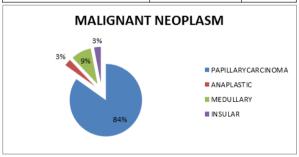


MALIGNANT NEOPLASM

Out of 32 malignant neoplasms, there were 27 cases of papillary carcinoma (85%),1 case of anaplastic carcinoma(3%), 3 cases of medullary carcinoma(9%),1 case of insular carcinoma(3%). Papillary carcinoma constitutes about 67.5% of all thyroid neoplasms

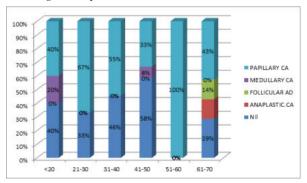
DISTRIBUTION OF MALIGNANT NEOPLASM

Malignant neoplasm	Cases	Percentage
PAPILLARYCARCINOMA	27	85%
ANAPLASTIC CARCINOMA	1	3%
MEDULLARY CARCINOMA	3	9%
INSULAR CARCINOMA	1	3%
	32	



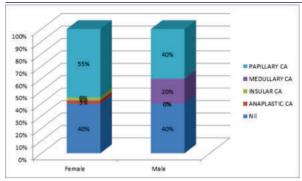
Age distribution

The malignant neoplasms were common in 3rd to 5th decade.



Sex Distribution

The malignant neoplasms were common in males.



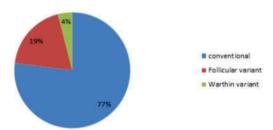
PAPILLARY CARCINOMA

Out of 27 cases of Papillary carcinoma of thyroid, 21 cases were conventional, 5 cases Follicular variant of papillary carcinoma, 1 case of warthin variant of papillary carcinoma.

variants

Subtypes of PTC	No.of cases	Percentage
Conventional	21	77%
Follicular variant	5	19%
Warthin variant	1	4%
	27	

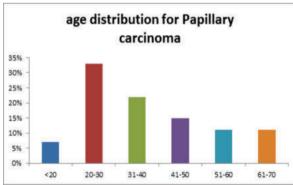
Subtypes of PTC



Age distribution

Maximum age incidence of papillary carcinoma of thyroid ,during 3rd and 4th decade of life .

	Frequency	Percent
<20	2	7.4
20-30	9	33.3
31-40	6	22.2
41-50	4	14.8
51-60	3	11.1
61-70	3	11.1
Total	27	100.0

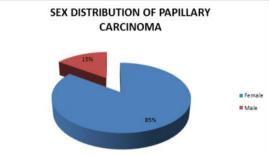


Sex distribution

Among the sex,the females are more affected. Male: female ratio was 1:8

SEX DISTRIBUTION OF PAPILLARY CARCINOMA

SEX	CASES	PERCENT
Female	24	85%
Male	3	15%
Total	27	100%



MEDULLARY CARCINOMA

Among the malignant neoplasm, there were 3 cases of medullary carcinoma. Male to female ratio of 2:1(2 cases were male of 17 years and 44 years. 1 case was 25 year female.)

ANAPLASTIC CARCINOMA

Only one case of anaplastic carcinoma was reported, female with age of 70 years

POORLY DIFFERENTIATED CARCINOMA

Only one case of insular carcinoma was reported, female with age of 68 years.

DISCUSSION:

The incidence of solitary thyroid nodule is common among the 4-7% of adult population. Solitary nodule were more common in females. The malignancy incidence is more common in males. The proportion of thyroid nodules that prove to be malignant is 10% to 15%(5)

Manmadha Rao V, Ashok P, Sanjay M, et al. Study (6), Out of 151 cases, 133(88.08%) solitary thyroid nodules are benign, 18(11.92%) are malignant. Out of 18 malignant cases, 11 (61.11%) are papillary thyroid carcinoma, 6(33.33%) are follicular thyroid carcinoma, 1 (5.55%) is medullary thyroid carcinoma. The peak age incidence of SNT is in the fourth decade of life (52 cases) and fifth decade (37 cases) followed by third decade (27 cases). The youngest being 15 years old girl and the oldest being 75 years old woman. Mean age is 39.10. The peak age incidence of malignancy in SNT is in the fifth decade of life (7 cases).

The incidence of malignancy in SNT is 11.92%. In our study the incidence of malignancy is 18.72%

Although, female patients outnumbered the males, the incidence of carcinoma in male patients is much higher, 5 times more than in female patients. The peak age incidence of malignancy in SNT is in the fifth decade of life (7 cases).

Chetan V R et al 7 studied among 73 cases of SNT, colloid goitre- 32 cases,43.8%, FA 24 cases-32.9%, PTC 9 CASES -12.3%, follicular carcinoma-3 cases,4.1%, MNG 3 cases-4.1%. Incidence of malignant lesions 12(16.5%) benign 61(83.5%). Among the malignant cases 8/12 were males (66.6%), 4/12 were females (33.3%).

A. Ravi kamal kumar et al 8 in a study of 126 cases of SNTfound ,Benign lesion of 85.17% { FA-52.38% (66 cases), colloid goiter-24.60%(31 cases), cyst-4.76%(6), hashimoto's thyroiditis -3.96%(5)} malignant lesions of 14.29% {(PTC-77.78%(14 cases, FC-22.22%(4 cases)}. Among the malignant cases 11.11%males(6/18),33.33% females(12/108)

In our study the highest age incidence of SNT is between 20 -49 years of age.

COMPARATIVE AGE INCIDENCE OF SNT

		Nagori et al ¹⁰	Ananthakrish nan et al 11	Ravi kamal kumar ⁸	Present study
<20	18	11	39	5	12
20-29	81	25	167	50	42
30-39	122	29	150	56	39
40-49	74	21	81	10	47
50-59	38	8	46	5	16
>60	9	6	20	0	15
TOTAL	342	100	503	126	170

Out of 32 malignant cases, 10 cases lies between the age group of 21-30 years. Female outnumbered the males with a ratio of 7.5:1

The percentage of benign and malignant cases in our study is benign (81.28%) and malignant-18.72%. The present study results are similar to that of Chetan et al 'study. The other studies has been tabulated helow

		Nagori						Present
		et al35				n et al	kamal	study
	al 34			ar et	38		kumar	
			et al ³⁶	al ³⁷			et al 8	
Benign	88.3%	89%	84.7%	79%	91.8%	83.5%	85.7%	81.28%
Malign	11.7%	11%	15.3%	21%	8.2%	16.5%	14.29%	18.72%
ant								

Malignant neoplasm

Papillary carcinoma

Papillary carcinoma is the common malignant neoplasm of thyroid. The incidence of papillary carcinoma was 31.25% of all malignant thyroid neoplasm. Among the SNT the incidence was 84.5%. It is the highest incidence among the other studies ,which has been tabulated

COMPARATIVE STUDY OF INCIDENCE OF PTC

	Anandhak	Tsegaye	Khadilkar	Ravi kamal	Chetan	Present
	rishnan et	et al12	et al13	kumar et	et al 7	study
	al ¹¹			a8 ³		
PTC	46.8%	76.6 %	38.29%	77.78%	28.7%	84.5%

In our study the peak age incidence of PTC in the 3rd to 5th decade (22) /32 cases)

Out of 26 cases of papillary carcinoma, 20 cases were conventional, 5 cases were follicular variant of papillary thyroid carcinoma, 1 case of warthin variant.

MEDULLARY CARCINOMA

Anandhakrishnan et al11, Taegaye et al12, Khadikar et al13, found that the incidence of medullary carcinoma was 5.2%,1.5%,2.94% respectively. Present study shows the incidence of 6.81% Comparative study of incidence in medullary carcinoma

	Anandhkrishna n et al	Tsegaye et al		Present study
Medullary carcinoma		1.5	2.94	6.81%

In present study Male to female ratio is 2:1. Kishore et al 14 study showed the male to female ratio of 1:2.

ANAPLASTIC CARCINOMA

Anaplastic carcinoma constitute about 5-10% of all thyroid malignancies. Anandhakrishnan et al11 and kishore et al 14noticed about 3.9% and 3.27% respectively.

INSULAR CARCINOMA

Pilotti et al 15 and Volante et al 16 found the incidence of 4% and 6.3% respectively, mean age of 53 years and 57 years in Insular carcinoma. In our study the age was 68 year, female

BENIGN NEOPLASM

Out of 12 cases,8 cases were follicular adenoma, 4 cases were Hurthle cell adenoma.

Incidence of benign neoplasm is less in present study when compared with the literature.

Comparative Incidence of adenoma

			Ananthakri shnan et al ¹¹		n et al		Prese nt study
Aden	54.9	44%	53.3%	13%	32.9%	52.38%	7.01
oma	7%						%

SUMMARY AND CONCLUSION

A total of 643 thyroid specimens, 171 cases were solitary nodule thyroid during the study period from june 2014 to may 2016 were subjected to histopathology and were classified according to the WHO classification

The incidence of solitary thyroid was 13.29% with an age incidence of 3rd to 5th decade. Females are more commonly affected, but male has the

higher incidence for malignancy. Right lobe is more commonly affected

Among the solitary thyroid lesions, neoplastic lesions about 19% of which benign neoplasm constitutes about 81.28%, malignant lesions were 18.72%. The commonest malignant neoplasm was papillary carcinoma constitute about 84.5%.

Comparative study shows statistically significant of malignancy in our study among solitary thyroid lesions.

DISCUSSION:

The proportion of thyroid nodules that prove to be malignant is 10% to 15%.4

The proportion of thyroid nodules that prove to be malignant is 10% to 15%. 4,64) 7)

[8] Ananthakrishnan N, Rao KM, Narasimhans R, et al. The single thyroid nodule, South Indian profile of 503 patients with special reference incidence of malignancy. Indian J Surg 1993;55(10):487-

Manmadha Rao V, Ashok P, Sanjay M, et al. Incidence of carcinoma thyroid in solitary thyroid nodule and prevalence of different types of thyroid malignancy: prospective study in a tertiary care hospital. J. Evid. Based Med. Healthc. 2018; 5(24), 1849-1851. DOI: 10.18410/jebmh/2018/386

The mean age of patients with malignancy in SNT is 39.72 years with range from 15-70 years. Peak incidence was observed in fifth decade Out of 151 cases, 133(88.08%) solitary thyroid nodules are benign, 18(11.92%) are malignant. The peak age incidence of SNT is in the fourth decade of life (52 cases) and fifth decade (37 cases) followed by third decade (27 cases). The youngest being 15 years old girl and the oldest being 75 years old woman. Mean age is 39.10. There are 132 cases of females and 15 out of them are malignant. There are 19 cases of males and 3 out of them are malignant. The incidence of malignancy in SNT is 11.92%. Although, female patients outnumbered the males, the incidence of carcinoma in male patients is much higher, 5 times more than in female patients. The peak age incidence of malignancy in SNT is in the fifth decade of life (7 cases). The Result ";).

REFERENCES:

- Peter M.Shadow and William C.Faquin, Poorly differentiated thyroid carcinoma, an incubating entity pub med front endocrinol (Lausanne) 2012;3:77
- Neki NS, Kazal HL, Solitary thyroid nodule-an insight. J Ind Acad Clin Med 2006:7(4);328-333
- Ashcroft M W, Van Herle AJ Management of thyroid nodules .I Head, neck surgery 1981:3:216-230
- Robinson E, Horn Y, Hochmann A.Incidence of cancer in thyroid nodule. Surg Gynecol obstet 1966:123:1024-26
- Siegel RL, Miller KD, Jemal A. Cancer statistics, 2015. CA Cancer J Clin 2015;65(1):5-
- Manmadha Rao V, Ashok P, Sanjay M, et al.Incidence of carcinomathyroid in solitary thyroid nodule and prevalence of different types of thyroid malignancy: prospective study in a tertiary care hospital. J. Evid. Based Med. Healthc. 2018; 5(24), 1849-1851.
- Rahul Chetan V, Veerealingam B, Kishore kumar M, Prabhas Teja Durbesula, Pasupuleti Sreenivasa Rao, A Study on the clinical manifestations and the incidence of benig malignant tumors in asolitary thyroid nodule. Int J Res Med Sci 2013nov:1(4);429-434
- Inhora H.Raz.A. Functional evidence that cell surface galectin3 mediates homotypic cell adhesion. Cancer Res 1995;55;3267-3271
- Fenn AS et al Solitary thyroid nodule of thyroid gland, Ind J surg 1980;42;175-1
 Inhora H, Segawa T ,Miyauchi et al, cytoplasmic and serum galectin3 in diagnosis of
 thyroid malignancies..Biochem Biophys 2008;376;605-610
 Ananthakrishnan N,Rao KM,Narasimhan R, Veliath AJ. Single thyroid nodule. South
- Indian profile of 503 cases with special reference incidenceof malignancy. Ind J Surg 1993:55(10)487-92
- Tsegaye B,Ergete W,Histopathological pattern of thyroid disease. East African med J 2003;80;(10);525-528
- 13. Khadilkar UNL, Maji P,Histopathological study of solitary nodules of thyroid, Kathmandu university medical journal 2008;vol6;issue24, no4,486-490
- 14. Kishore n, srivatshava A, Sharma LK, et al. Thyroid neoplasm, A profile; aInd J Surg
- 15.
- Pilotti S, Collini P,Marini L et al.Insular carcinoma.a adistinct de novo entity among follicular carcinoma of the thyroid gland; Am J Surg pathol, 1997; 21(12); 1466-73 Volante M,Landolfi S,Chiusa L, Palestini N,Papotti MG.Poorly differentiated carcinoma of thr thyroid with trabecular, insular and solid patterns. A Clincopathologic study of 183 cases. Cancer 2004;100(5);950-957