

Usefulness of Thyroglobulin measurement in washout FNAB specimens of lymph nodes

Introduction: The value of Thyroglobulin (Tg) in washout of fine needle aspiration biopsy (FNAB) of cervical nodule may be applicable to the initial diagnosis of metastatic or monitoring of differentiated thyroid carcinoma treatment (DTC).

Objective: determine the predictive value of Tg in washout of FNAB cervical nodule.

Methods: Prospective study of 41 patients with FNAB as initial diagnostic method of cervical lymphadenopathy or in monitoring DTC. Tg in washout of needle was measured with 411 Cobas Chemiluminescence (Roche). Cutoff value used to Tg: 2 ng / ml. The predictive value (PV +/-) of Tg was determined correlating the cytology in diagnostic FNAB. In nondiagnostic FNAB samples the VP was determined by biopsy.

Results: 6 cases were initial diagnosis and 35 nodule in monitoring CDT. In the first group 5 were cystic lymph nodes, in the second 27 lymph nodes were solid, 2 cystic and 6 solid nodules in surgical bed. Tg range: <0.2 to 12,567 ng / ml. . Negative average Tg = 0.73 ng / ml and Tg positive = 861.79 ng/ml. Diagnostic cytology punctures were 35 (85.36%), 11 true positives (TP) and 14 true negatives (TN) relative to the Tg. There were no false negatives (FN), but there were 10 false positives (FP) with Tg <10. In 3 of these latter patients absence of metastases (MTS) was confirmed in histology and 1 presence of nodal micrometastases. The positive predictive value was 55% and 100% negative.

6 aspirations nondiagnostic (14.64%): 5 corresponded to acellular fluid-filled cysts, 4 with wash Tg + in which was confirmed metastatic papillary cystic carcinoma by biopsy and 1 with negative Tg was hygroma biopsy. One Solid adenopathy nondiagnostic with Tg > 10 ng / ml resulted metastasis of papillary carcinoma in the biopsy. The positive predictive value was 100% and 100% negative.

Conclusion: thyroglobulin in washout of needle is a complement of FNAB for diagnostic and monitoring CDT mainly in cystic nondiagnostic acellular lymphadenopathy. False positives Tg <10 ng / ml in washout of needle should be interpreted in relation to blood / washout Tg ratio.