

INCIDENTAL CANCER IN MULTINODULAR GOITER POST THYROIDECTOMY.

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DECLARATION.

I, hereby, confirm that this work for the degree of Mastery of Medicine (Surgery) is my own; it was done at Chris Hani Baragwanath Academic Hospital and was not previously submitted for any other degree, at any University.

Dr. Ifongo Bombil

31 March 2015

DEDICATION.

This work is primarily dedicated to my parents (Bosongo Bombil and Wasinga W'Ifongo) for laying a foundation based on Christian value and Education. All my teachers from primary school to postgraduate level and relatives have been adding brick to that foundation. Special mention to my wife Andiswa Careen Bombil and children Destinee and Immaculee Bombil for being always by my side.

ABSTRACT

Background

The risk of malignancy in the background of multinodular goitre (MNG) approximates 7.2%. The gold standard for diagnosis of thyroid cancer is fine needle aspiration (FNA). Unsuccessful, inconclusive or suspicious result mandate further investigations. The concern is on benign FNA which would not necessitate thyroidectomy but carries a risk of missed malignancy.

Aim

To determine the percentage and histopathological subtype of incidental cancers in patients who had thyroidectomy for multinodular goitre (MNG).

Method

Records of patients who underwent thyroidectomy between January 2005 and December 2010 at Chris Hani Baragwanath Academic Hospital were retrospectively reviewed. Data retrieved included patients' demography, type of thyroidectomy, thyroid function test, FNA cytology and final histopathological results.

Results

A total of 166 thyroidectomies were performed on 162 patients. Majority (139) of patients were females. The mean age was 46 years (ranging from 15 to 79 years). A total of 120 pre-operative FNAs were available for analysis and 78 FNA were suggestive of benign nodular goitre. 70 of benign FNA results were histologically confirmed to be MNG after thyroidectomy. Incidental malignancy was found in 4 out

of 70 cases of MNG (5.7 %); all were papillary carcinomas and predominantly (75%) follicular variant.

Conclusion

The risk of missing cancer in the background of MNG was 5.7%. The commonest histological type of thyroid cancer found in MNG was papillary carcinoma (100%) with follicular variant being the most common subtype (75%).

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ABBREVIATIONS

CHBAH	Chris Hani Baragwanath Academic Hospital
FNA	Fine needle aspiration
MNG	Multinodular goitre
FV	Follicular variant of Papillary carcinoma
P	Papillary carcinoma
PV	Pure variant (classical variant) of papillary carcinoma
F	Follicular carcinoma
A	Anaplastic carcinoma
M	Medullary carcinoma
Ca	Cancer
SAJS	South African Journal of Surgery