

Correlation of Fine Needle Aspiration Cytology with Histopathology in the Diagnosis of Thyroid Swellings

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ABSTRACT

Introduction

Fine needle aspiration cytology (FNAC) is now being accepted as the most cost-effective, minimally invasive technique with very low incidence of complications in the diagnosis of most of the thyroid lesions with an added advantage of segregating the patients of solitary thyroid nodule (STN) into operative and non-operative groups.

Materials and Methods

A prospective longitudinal study was undertaken over a period of one year (2015) at the out-patient department of a medical college hospital in Tamil Nadu to determine the accuracy of FNAC in terms of sensitivity, specificity, positive predictive value and negative predictive value in comparison with histopathology in the diagnosis of a thyroid swelling. Patients with solitary thyroid nodule, in euthyroid state without serious medical disorders were included in our study. FNAC was performed with 23G needle, smears were fixed with ether-95% alcohol solution, and staining was performed using Papanicolaou's stain. The thyroid specimen which was excised during the thyroidectomy procedure was processed in automated tissue processing units and sent for histopathological examination.

Results

The validity of FNAC in terms of sensitivity and specificity was assessed by comparing it with the histopathological examination. The sensitivity of FNAC in detecting all the benign and malignant type of thyroid lesions was found to be in the range of 80-100%, whereas the specificity and the positive predictive value was almost 100% and the negative predictive value was between 98-100%, for all the lesions detected by FNAC. The accuracy of detection of lesions through FNAC is almost 94%.

Conclusion

The use of FNAC has reduced the number of patients with solitary thyroid nodules undergoing unnecessary surgery and has led to proper planning of surgery in malignant cases.

Keywords:

Thyroid Nodule; Biopsy, Fine-Needle; Sensitivity and Specificity.

Thyroid gland swelling is a common manifestation in most parts of the world, particularly countries like India which is endemic for iodine deficiency disorders. Studies had shown that the prevalence of goitre in India is as high as 40%.¹ The development of goitre is a concern for both the patient and the clinician,

as many of the thyroid swelling may turn to malignant. Though many of the goitre swellings are benign but still the reports had shown that the prevalence of malignancy among the solitary nodule goitre was about 10%.²

As such thyroid cancer is relatively a rare malignancy but it is the commonest endocrine cancer accounting for more than 90% of all the endocrine cancers. Among the various types of cancers in thyroid gland, papillary carcinoma is the most common which is followed by follicular carcinoma, medullary carcinoma, anaplastic carcinoma and lymphoma.

Fine needle aspiration cytology (FNAC) is now being accepted as the most cost-effective, minimal invasive technique with very low incidence of complications in

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the diagnosis of most of the thyroid lesions with an added advantage of segregating the patients of solitary thyroid nodule (STN) into operative and non-operative groups.³⁻⁵

A thyroid nodule which is usually considered for FNAC should be of firm, palpable and solitary. FNAC can also be performed on nodules with suspicious ultrasonographic features; dominant or atypical nodules in multinodular goitre; complex or recurrent cystic nodules; or any nodule associated with palpable or ultrasonographically abnormal cervical lymph nodes.⁶

FNAC is considered to be the “gold standard” in the selection of patients for surgery.⁷ It is usually performed without local anaesthesia and any previous preparations on the patients. Studies have quoted that medical professionals with longstanding experience, the diagnostic (adequate) biopsies obtained from solid nodules had ranged between 90–97%.^{8,9} During the procedure, ultrasound guidance instead of palpation had enhanced the value of the FNAC diagnostic accuracy.^{10,11}

However, the success of FNAC depends on several factors such as aspirator experience, skilful cytological interpretation and a rational analysis based upon a synthesis of cytological and clinical information in the context of an individual patient. Still the histopathological examination of the thyroid gland was considered superior to FNAC in diagnosing the thyroid pathologies due to certain pitfalls in FNAC such as scanty sample, vascularity of thyroid swelling, variation in sampling technique and skill of the performing expert and as well as the experience of pathologist interpreting the aspirate.¹²

However studies had been done in comparison of the diagnostic efficacy between FNAC and histopathology in western countries, in India as such very few studies had been done in this aspect and so the current study was undertaken in view of comparing and correlating the FNAC findings with that of histopathology readings among the patients with palpable thyroid swelling.

Materials and Methods

A prospective longitudinal study was undertaken over

a period of 1 year from Jan 2015 to Dec 2015 at the out-patient department of a medical college hospital in Tamil Nadu to determine the accuracy of FNAC in terms of sensitivity, specificity, positive predictive value and negative predictive value in comparison with histopathology in diagnosing a thyroid swelling. Patients with visible thyroid swelling with a solitary nodule, in euthyroid state and with no other serious medical disorders were included in our study. With those meeting the above criteria totally 200 patients were our study subjects. The study was carried out after getting the clearance from our institutional ethical committee and the informed consent was obtained from all the patients who were included in our study.

All the patients were evaluated by thorough clinical examination including the status of the vocal cords followed by routine serological investigations like haemogram, renal function tests, liver function tests and thyroid function test. The imaging test like chest X-ray, X-ray of soft tissue of neck lateral view and USG of neck were also carried out. FNAC was performed with 23G needle, smears were fixed with ether-95% alcohol solution, and staining was performed using Papanicolaou's stain.

Following the FNAC all the patients were subjected to surgery after getting the fitness from anaesthetist. The thyroid specimen which was excised during the thyroidectomy procedure was processed in automated tissue processing units and sent for histopathological examination. The report of FNAC was then compared with HPE and the validity of FNAC was assessed in terms of sensitivity, specificity and the predictive values.

Results

The age and sex wise distribution was shown in Table I. The majority of the study subjects were females and the male: female ratio is 1:9. Most of the female patients were aged between 30 and 45 years. Out of the 200 patients in our study population, only 20 were males.

The diagnosis of the various thyroid gland swelling made on the basis of the FNAC report had shown that among 200 patients, 146 of them had benign lesions and 42 of them had malignant lesions. Among the benign

diseases colloid solitary goitre was the most common followed by thyroiditis whereas among the malignant lesions it was the papillary carcinoma which was more common followed by follicular carcinoma. 12 of the FNAC report showed that the sample is inadequate (Table II).

Table I : Distribution of Study Population as per Age and Sex

AGE GROUP	MALE	FEMALE	TOTAL
25 – 30	0	3 (1.6%)	3 (1.5%)
31 – 35	3 (15%)	58 (32.2%)	61 (30.5%)
36 – 40	6 (30%)	32 (17.7%)	38 (19%)
41 – 45	8 (40%)	46 (25.5%)	54 (27%)
46 – 50	2 (10%)	36 (20%)	38 (19%)
>50	1 (5%)	5 (2.7%)	6 (3%)
TOTAL	20 (100%)	180 (100%)	200 (100%)
MEAN (SD)	38.6 (4.23)	40.5 (5.42)	

The post surgical sample of the thyroid gland which was sent for histopathological examination had revealed the report which was almost similar to that of FNAC. The only difference was the 12 samples which were not diagnosed by FNAC due to the inadequacy of the sample were reported by HPE. In the 12 samples 8 was found to be of benign lesions and the remaining 4 was found to be of malignant lesion (Table III).

The validity of FNAC in terms of sensitivity and specificity was assessed by comparing it with the histopathological examination. The sensitivity of FNAC in detecting all the benign and malignant type of thyroid

lesions was found to be in the range of 80 - 100%, whereas the specificity and the positive predictive value was almost 100% and the negative predictive value was between 98-100%, for all the lesions detected by FNAC. So this shows the accuracy of detection of lesions through FNAC is almost 94% (Table IV).

Table II : FNAC diagnosis of thyroid swelling among the study subjects

FNAC DIAGNOSIS		FREQUENCY	PERCENTAGE
Benign (n=146)	Solitary/ colloid goitre	109	74.6%
	Thyroiditis	23	15.7%
	Adenomatous goitre	8	5.4%
	Follicular adenoma	6	4.1%
Malignant (n=42)	Papillary carcinoma	19	44.6%
	Follicular carcinoma	13	29.7%
	Anaplastic carcinoma	6	14.8%
	Medullary carcinoma	4	10.6%
INADEQUATE CYTOLOGY (N=200)		12	6%

Discussion

Any form of thyroid enlargement usually leads to a battery of investigations, mainly to rule out the possibility of a neoplasm. The routinely done investigations for

an enlarged thyroid are ultrasound (US) examination, thyroid function tests, thyroid scan, and antibody levels and subsequently FNAC was done to segregate the patients requiring surgery and those who can be managed conservatively.¹³⁻¹⁵

Table III : HPE diagnosis of thyroid swelling among the study subjects

HPE DIAGNOSIS		FREQUENCY	PERCENTAGE
Benign (n=154)	Solitary/ colloid goitre	111	72%
	Thyroiditis	25	16.2%
	Adenomatous goitre	10	6.4%
	Follicular adenoma	8	5.1%
Malignant (n=46)	Papillary carcinoma	21	45.6%
	Follicular carcinoma	13	28.2%
	Anaplastic carcinoma	7	15.2%
	Medullary carcinoma	5	10.8%

The mean of the study population in the present study was 38 years among the males and 40 among the females. The similar type of results was also observed by the study done by Gardner et. al¹⁶ and Miller et. al.¹⁷ In our study, female population were almost 9 times than that of the males. Thyroid swelling is more prevalent among the females and many of the studies had proven it and our study was also in par with it and

majority of the females were in the age group between 30 – 45 years.

The solitary colloid goitre is the most common benign condition and the papillary carcinoma was the most common malignant lesion identified by FNAC

Table IV : Validity of FNAC in comparison with HPE

DIAGNOSIS	SENSITIVITY	SPECIFICITY	POSITIVE PREDICTIVE VALUE	NEGATIVE PREDICTIVE VALUE
Solitary/ colloid goitre	98%	100%	100%	97.8%
Thyroiditis	92%	100%	100%	98.8%
Adenomatous goitre	80%	100%	100%	98.9%
Follicular adenoma	75%	100%	100%	98.9%
Papillary carcinoma	90.4%	100%	100%	98.8%
Follicular carcinoma	100%	100%	100%	100%
Anaplastic carcinoma	85.7%	100%	100%	99.4%
Medullary carcinoma	80%	100%	100%	99.4%

in our study and the results was almost similar to the study done by Handa et. al.¹⁸ In our study the FNAC showing inadequacy in getting the sample was only 6% and a similar type of study done by Mahar et. al¹⁹ had shown that 9% of the FNAC sample was found to be inadequate and so our study was almost in par with it.

In the present study the HPE report, which was considered to be the gold standard had identified all the

12 samples which were reported as insufficient sample by FNAC. Among the 12 samples 8 were found to be benign and 4 were malignant, the remaining 188 samples which were reported by HPE were almost similar to that of FNAC. Similar to our results the studies done by Gupta et. al,²⁰ Mundasad et. al²¹ had shown the samples which were reported as insufficient in FNAC had been diagnosed in HPE. This had proven HPE to be considered as the gold standard test.

In our study the accuracy of FNAC in detection of the thyroid swelling was found to be 94%. It is well compared with the study done by Safirullah et. al,²² in which the accuracy was reported as 94.2%, and another study done by Mundasad et. al²¹ and Gupta et. al²² the accuracy was 80% and 85% respectively.

Several international studies have documented the sensitivity of FNAC in thyroid nodules to range from 52-98%.^{5,23} Similarly, the international normal range is for specificity is 72 to 100% and for PPV is 50 to 90%.^{24,25} whereas in our study the sensitivity of FNAC in detecting all the benign and malignant type of thyroid lesions was found to be in the range of 80 - 100%, whereas the specificity and the positive predictive value was almost 100% for all the lesions detected by FNAC. There was not even a single false positive case reported in our study.

Conclusion

Fine needle aspiration cytology is highly sensitive and specific in the detection of thyroid lesions. Fine needle aspiration cytology is highly accurate in the evaluation of solitary thyroid nodule. Therefore, FNAC should be adapted as an initial investigation of thyroid diseases in all tertiary care hospitals.

FNAC provides much more useful information and can readily be used along with other clinical information to decide on the best form of treatment in patients with solitary thyroid nodule. So the use of FNAC has reduced the number of patients with solitary thyroid nodules undergoing unnecessary surgery and has led to proper planning of surgery in malignant cases.

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