

Sažetci

Kliničko istraživanje

KI01 Mogu li nam konstitucijski čimbenici pomoći pri preoperativnoj dijagnostici folikularnih promjena štitnjače?

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UVOD: Folikularne lezije štitnjače dijele se na folikularne adenome(FA) i folikularne karcinome(FC), a konačnu dijagnozu dobivamo kirurškim zahvatom. Cilj istraživanja bio je odrediti povezanost konstitucijskih čimbenika i antropometrijskih podatka bolesnika s konačnom patohistološkom dijagnozom FA ili FC.

MATERIJALI I METODE: Retrogradno smo prikupili i obradili podatke 166 pacijenata liječenih u Kliničkom bolničkom centru Zagreb u razdoblju od 10. siječnja 2018. do 16. prosinca 2021., čija je postoperativna patohistološka dijagnoza bila FA ili FC.

REZULTATI: Od ukupno 166 pacijenata njih 137(82,5%) imalo je patohistološki nalaz FA-a, a njima 29(17,5%) dijagnosticiran je FC. Od 137 pacijenata s FA-om 20,4% bili su muškarci, a 79,6% žene. Sličnu frekvenciju po spolu pratimo i kod FC-a. Ustanovili smo pozitivnu korelaciju volumena štitnjače s indeksom tjelesne mase(BMI, $p=0,0384$) te pokazali da je veličina najvećeg zamijećenog čvora u štitnjači povezana s volumenom štitnjače($p\leq,0001$). Također, zapazili smo da 78,9% ispitanika s FA-om i 76,2% s FC-om ima značajno povišen postotak masnog tkiva. Za 129 pacijenata bilo je moguće izračunati volumen štitnjače koji je u pacijenata s adenomom iznosio 19,2mL, a u pacijenata s karcinomom 25mL.

ZAKLJUČAK: Budući da je za samo 111 pacijenata unesen podatak o tjelesnoj masi i visini, zaključujemo kako se u kliničkoj praksi ne obraća dovoljno pažnje na antropometrijske i konstitucijske faktore. Preko 90% pacijenata u obje grupe bilo je eutiroidno, što bi moglo ukazivati na kompenzacijски mehanizam rasta štitnjače. Navedeni mehanizam potencijalno otežava dijagnostiku, pogotovo ako u obzir uzmemos i povišen BMI. Kod takvih pacijenata bit će teže ustanoviti postojanje i predoperativno odrediti karakter promjene na štitnjači.

Can constitutional factors help us in the preoperative diagnosis of thyroid follicular lesions?

Keywords: body mass index; follicular adenoma; follicular carcinoma; thyroid carcinoma; thyroid neoplasm

INTRODUCTION: Follicular thyroid lesions are divided into follicular adenoma(FA) and follicular carcinoma(FC). Final diagnosis is obtained by surgery. The aim of this study was to determine the relationship between constitutional factors of patients with the pathohistological diagnosis of FA or FC.

MATERIALS AND METHODS: We collected data for 166 patients diagnosed with FA or FC, which were treated at the Zagreb Clinical Hospital Center during the period from January 10, 2018, to December 16, 2021.

RESULTS: Of 166 patients, 137(82.5%) had a pathohistological diagnosis of FA, and 29(17.5%) were diagnosed with FC. Of 137 patients with FA, 20.4% were men, and 79.6% were women. FC diagnosis was not dependent on gender. We observed a similar frequency by gender in FC. Thyroid volume was positively correlated with body mass index(BMI, $p=0.0384$), and size of the largest nodule was also dependent on gland size($p\leq,0001$). We observed that 78.9% of patients with FA and 76.2% with FC had a significantly increased percentage of fat tissue. Mean volume of the thyroid gland was 19.2mL in FA, and 25mL in FC patients.

CONCLUSION: Given that only 111 patients have body mass and height data, we conclude that in clinical practice, not enough attention is paid to anthropometric and constitutional factors. Over 90% of patients in both groups were euthyroid, possibly indicating compensatory thyroid growth. This mechanism potentially complicates diagnosis, especially if elevated BMI is taken in account. In such patients, it will be more difficult to establish the existence and preoperatively determine the character of the lesion in the thyroid gland.