Conclusions: Glomus tumor is distinct entity and should be recognized in order to distinguish it from malignant variant.

PS-06-27

Multifocal Hurthle cell (oxyphilic) variant of papillary thyroid carcinoma associated with Hashimoto`s thyroiditis: a case report

Adelina Qerimi[1], Vesna Janevska[2], Biljana Ognenoska-Jankovska[1], Elena Stojkoska[1], Zoran Spirovski[3], Neli Basheska[1]

[1]Department of Histopathology and Clinical Cytology, University Clinic of Radiotherapy and Oncology, Faculty of Medicine, University Ss. Cyril and Methodius, Skopje, Republic of Macedonia, [2]Institute of Pathology, Faculty of Medicine, University Ss. Cyril and Methodius, Skopje, Republc of Macedonia, [3]University Clinic of Thoracovascular Surgery, Faculty of Medicine, University Ss. Cyril and Methodius, Skopje, Republic of Macedonia

Objective: Oxyphilic (Hurthle cell) variant of papillary thyroid carcinoma (OVPTC) is a rare subtype accounting for 1-11% of all cases of papillary thyroid carcinomas (PTCs). The clinicopathological features and biological behavior of OVPTC have not yet been thoroughly characterized. We present a case of multifocal OVPTC with concurrent Hashimoto`s thyroiditis.

Material and Methods: A 51-year old female patient with multinodular goiter underwent a fine-needle aspiration biopsy which was reported as negative, followed by a subtotal thyroidectomy procedure.

Results: The surgically obtained material consisted of two oval fragments designated as right and left thyroid lobe with the largest diameter of 5 cm and 4.5 cm, respectively. Grossly, on the cut section of the left lobe two well-circumscribed, white to grey-tanned foci with the largest diameter of 1.3 cm and 0.6 cm, respectively, were found. Microscopically, in a background of Hashimoto`s thyroiditis, the two foci revealed a neoplasm with predominantly insular growth pattern and focally follicular or papillary structures composed of large polygonal cells with abundant eosinophilic granular cytoplasm and optically clear nuclei with the characteristic intranuclear pseudoinclusions and nuclear grooves. Psammoma bodies and areas of calcification were also present. Mitoses were rare and no vascular or capsular invasion was encountered. Immunohistochemically, tumor cells showed diffuse positivity for low-molecular-weight cytokeratin and cytokeratin 19 and focal positivity for thyroid transcription factor-1.

Conclusions: This case confirms that although OVPTC remains controversial, it usually displays the morphological and immunohistochemical features of the classical type of PTC, which can aid in avoiding the diagnostic pitfalls in distinguishing this subtype of PTC from other benign or malignant Hurthle cell lesions.

PS-06-28

Histological and cytological diagnosis of parathyroid tumors - a retrospective analysis for a period of 5 years

Radina Ivanova, Alexander Shinkov, Roussanka Kovacheva, Tanjo Sechanov, Nikolay Kanev

University Hospital of Endocrinology, Medical University, Sofia, Bulgaria

Objective: The aim of our study was to review the histological and cytological diagnosis, if present in all patients with primary hyperparathyroidism, consecutively operated for a period of 5 years.

Material and Methods: A total of 142 patients with surgically removed parathyroid tumor were included. In 33 of them, FNB under ultrasound control of the suspicious parathyroid lesion (PTL) was done preoperatively.

Results: The histological diagnosis was parathyroid adenoma (PA) in 136 cases (96%, male-26, female-110 ratio-1:4; mean age 55.18±13.03 years) and PC in 6 cases (4%, male-2, female-4, mean age 52.6±11.7 years). The size of PA showed great variations (range, 0.4 to 4 cm; mean 1.61±0.93 cm) but was significantly smaller compared to that of PC (range, 2 to 6 cm, mean 3.17±1.44 cm; p=0.006). Histologically all PA were well-capsulated tumors, while almost all PC showed an infiltrative multinodular growth (2 invading the trachea) and desmoplastic reaction with fibrous septa. During the follow-up recurrence and lymph node metastasis was detected in 3 patients. Preoperative FNB cytology was performed in 30 cases with PA and in 3 cases with PC. It was classified as unsatisfactory in 6 cases, suspicious for PTL in 17 cases, and positive for PTL in 10 cases (including the cases with PC).

Conclusions: In our case series, parathyroid adenomas show typical histology and variation in size. The diagnosis of PC is based on the combination of atypical clinical and histological features. FNB cytology of suspicious PTL prior to surgery is helpful, although the smears are often with scant cellularity.

PS-06-29

Stratification of patients with chronic lymphocytic leukemia – single centre experience

Sanja Trajkova, Lidija Cevreska, Martin Ivanovski, Dusko Dukovski, Marija Popova-Labacevska, Svetlana Stankovik, Irina Panovska-Stavridis

University Clinic of Hematology, Faculty of Medicine, University Ss.Cyril and Methodius, Skopje, Republic of Macedonia

Objective: The clinical course of patients with chronic lymphocytic leukemia is extremely heterogeneous; some patients have indolent disease, never needing treatment, whereas others have an aggressive disease requiring early treatment. Wierda proposed to combine a set of clinical risk factors, to develop a prognostic index (PI) stratifying patients in three risk groups with different expected median survival, and a nomogram, estimating individual patient survivals. Herein, we report the initial results from a study designed to evaluate clinical and biological prognostic factors in patients risk stratification.

Material and Methods: Traditional laboratory, clinical prognostic, and biological prognostic factors were evaluated at first patient`s visit to University Clinic of Hematology, Skopje, R. Macedonia. We used Wierda`s prognostic index and a nomogram, to calculate 5- and 10-year survival probability and estimated median survival time.

Results: A total of 70 previously untreated patients who had traditional and biological prognostic factors evaluated, were included in the study group. According to prognostic index, a classification tree was built that identified three subsets of patients. Estimated median survival was 22.5 years for low-risk subset of patients, 10.8 years for intermediate-risk and 4 years for high-risk subset of patients. Projected 5-year and 10-year survival was 70%, 92.5%, 100%, and 100%, 99%, 60%, for low-, intermediate- and high-risk groups respectively.

Conclusions: We use this model to identify patients at high risk for progression to treatment. This prognostic model may help clinicians in clinical decision making as well as in clinical research and clinical trial design.