ASSOCIATION OF SERUM CALCITONIN LEVELS WITH MULTINODULAR THYROID DISEASE: 10-YEAR SINGLE CENTER EXPERIENCE

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Background. From 2005 to 2015 routine calcitonin (CT) screening was performed in our department in all patients with multinodular goiter (MNG) using the same assay.

Aim — we investigated possible associations between unstimulated serum CT levels and the presence of either thyroid autoimmunity (AITD) or thyroid neoplasia.

Material and methods. This is a retrospective study of 648 patients (559 female [F] 86.3%, 89 male [M] 13.7%, age range 18—89, median 58 years,). CT ≤4.6 pg/ml [F] and ≤11.5 pg/ml [M] was defined as normal. Patients were stratified into 4 groups according to CT. Group1: CT<0.05 (undetectable), Group 2: CT [F&M] within normal range, Group3: CT:4.7—10 [F] & 11.6—20 [M], Group4: CT>10 [F] & >20 [M]. Furthermore patients were subcategorized in those with Autoimmune Thyroid Disease (AITD) and those without (non-AITD).

Results. The distribution of patients was: Group1: n=186 (28.7%), Group2: n=422 (65.1%), Group3: n=29 (4.5%), Group4: n=11 (1.7%). Of the patients with AITD history 23.4% belonged to Group 1, 68.6% to Group 2, 6.4% to Group 3 and 1.6% to Group 4 (x2; p=0.037). Forty seven (7.3%) patients underwent total thyroidectomy. Histopathological examination revealed: Medullary Thyroid Carcinoma (MTC) n=3 (3/3 group 4), C-Cell Hyperplasia (CCH) n=5 (3/5 group 3, 2/5 group 4). Papillary Thyroid Carcinoma (PTC) n=17 (7/17 group 1, 10/17 group 2), MNG n=22 (8/22 group 1, 10/22 group 2, 2/22 group 3, 2/22 group 4). 2/5 patients with CCH had PTC. 1/17 PTC patient had mixed PTC-MTC. Patients with MTC had remarkably higher CT levels (253—1222 pg/ml) compared to those with CCH (5.8—16.1 pg/ml).

Conclusions. This study reaffirms the positive correlation between CT levels and the presence of MTC or CCH, clearly and conspicuously distinguished by the range of CT levels, albeit in a small number of patients with these diagnoses. Patients with AITD have more frequently detectable or slightly increased CT levels.

KEYWORDS
Thyroid, multinodular goiter, autoimmune thyroiditis, calcitonin, medullary thyroid cancer.

THE ROLE OF THYROTROPIN RECEPTOR ANTIBODIES IN GRAVES’ OPHTHALMOPATHY TREATMENT

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Background. Graves’ ophthalmopathy (GO) is an autoimmune inflammatory disorder affecting the retroorbital tissues. Although the role of TRAb in GO is now accepted by many re-

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Введение.

Введение.

СЕКЦИЯ 8: ЗАБОЛЕВАНИЯ ЩИТОВИДНОЙ ЖЕЛЕЗЫ

САВЗЯЗЬ МЕЖДУ УРОВНЕМ КАЛЬЦИТОНИНА СЫВОРОТКИ КРОВИ И МНОГОУЗЛОВЫМ ЗОБОМ: 10-ЛЕТНИЙ ОПЫТ РАБОТЫ ОДНОГО ЦЕНТРА

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Введение. С 2005 по 2015 г. в нашем отделении все пациенты с многоузловым зобом (МУНЗ) были скриниро-
searchers and clinicians, their use in the disease management of GO is less well studied than the role of TRAb for the diagnosis and therapy monitoring of Graves’ disease.

Aim — to evaluate the relation between TRAb level and the activity of GO, the course of GO and the effectiveness of the treatment.

Material and methods. We have studied 26 patients with GO and Grave’s Disease. Activity of GO was measured with the clinical activity score (CAS), we defined active GO as a CAS ≥ 3. TSH, FT4 and TRAb were evaluated. All patients had received intravenous methylprednisolone (IVMP) pulse therapy in cumulative dose 6000 mg. We observed patients for 1 year after pulse therapy. TRAb level was evaluated before, 3, 6 and 12 months after pulse therapy.

Results. At the time of initial treatment all patients had active GO, 60% with CAS 3—4 and 40% with CAS 5—7. On year after the pulse therapy of GO, all patients were classified into responders (69.2%) and non-responders (30.8%) according to their clinical manifestations. Pulse therapy considered as effective if GO activity decreased with CAS ≤ 2. Serum TRAb level was significantly higher in patients who non-responded to therapy — 34.8 U/L vs 17.5 U/L (p ≤ 0.01). This level was significantly decreased in patients responded to treatment — 1.6 U/L vs 12.4 U/L (p ≤ 0.01). TRAb level above 28.8 U/L before treatment (p ≤ 0.01), 10.1 U/L after 3 months of treatment (p ≤ 0.01), 5.1 U/L after 6 months of treatment (p ≤ 0.01) and 8.2 U/L after 3 months of treatment (p ≤ 0.01) was associated with higher risk of non-responding.

Conclusion. We conclude, that TRAb level may serve not only as predictor of GO activity and severity, but changes in the level of antibodies could be of additional help for the disease management with IVMP.

KEYWORDS
Antibodies, thyrotropin, Grave’s ophthalmopathy, treatment.

АНТИТЕЛА К РЕЦЕПТОРУ ТИРЕОТРОПНОГО ГОРМОНА В ПРОГНОЗИРОВАНИИ РЕЗУЛЬТАТОВ ЛЕЧЕНИЯ ЭНДОКРИННОЙ ОФТАЛЬМОПАТИИ

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Обоснование. Эндокринная офтальмопатия (ЭОП) – это аутоиммунная патология, поражающая ретробульбарные ткани и тесно ассоциированная с болезнью Грейвса. Хотя роль антител к рецептору тиреотропного гормона (АТ к рТТГ) в патогенезе ЭОП неизвестна по сравнению с болезнями других органов, значение их в прогнозировании ЭОП подтверждено большинством исследователей и клиницистов.

Выводы. Такой подход к использованию АТ к рТТГ может служить одним из возможных подходов к определению прогноза ЭОП, в том числе и в условиях выбора оптимального варианта иммуносупрессивной терапии.

КЛЮЧЕВЫЕ СЛОВА
Антитела, тиреотропный гормон, эндокринная офтальмопатия, лечение.

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PAPILLARY THYROID CANCER, HASHIMOTO’S THYROIDITIS, ADENOMATOID HYPERPLASIA. DO THEY HAVE ANY CONNECTION?

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Introduction. While thyroid nodules are extremely perva-sive, the chances that a nodule is malignant are small. The annual incidence of thyroid carcinoma is 0.5—10 per 100 000. A hefty 75—80% of all thyroid carcinoma cases are papillary thyroid carcinoma, which is referred to as differentiated thyroid carcinoma.

Relevancy. Papillary thyroid carcinoma is the most common thyroid carcinoma. Peak onset ages are from 40 to 60 years old. Furthermore the increasing incidence has been observed among younger people. With the discovery of a thyroid nodule, a complete history and physical examination focusing on the thyroid gland should be performed.

Aim — to determine papillary carcinoma’s background pathology, proceed the ubiquitous approach of thyroid nodule’s diagnosis, dynamic control and treatment.

Material and methods. This study covered the period of 2010—2014. 183 patients attending Erebuni medical center’s General and Endocrine Surgery Department were included in this analysis. Postoperative pathohistological examination has authenticated the diagnosis: papillary thyroid carcinoma. The study has not included the patients who underwent only preoperative cytological examination without postoperative patho-