



## CLINICAL FEATURES, DEMOGRAPHIC, STAGING AND PROGNOSTIC FACTORS IN PATIENTS WITH MICROCARCINOMA PAPILLARY THYROID.

Rodríguez Ortega, Pilar<sup>1</sup>; Diaz Pérez Catalina<sup>2</sup>; Rebollo Pérez I<sup>1</sup>. Lainez López, María<sup>1</sup>; López Pérez, M<sup>a</sup> José<sup>1</sup> Roldan Mayorga Eloisa<sup>1</sup>; González Navarro, Irene<sup>1</sup>; UGC Endocrinología <sup>1</sup>y Nutrición . UGC Medicina Interna<sup>2</sup>. Complejo Hospitalario Universitario Huelva. Spain.

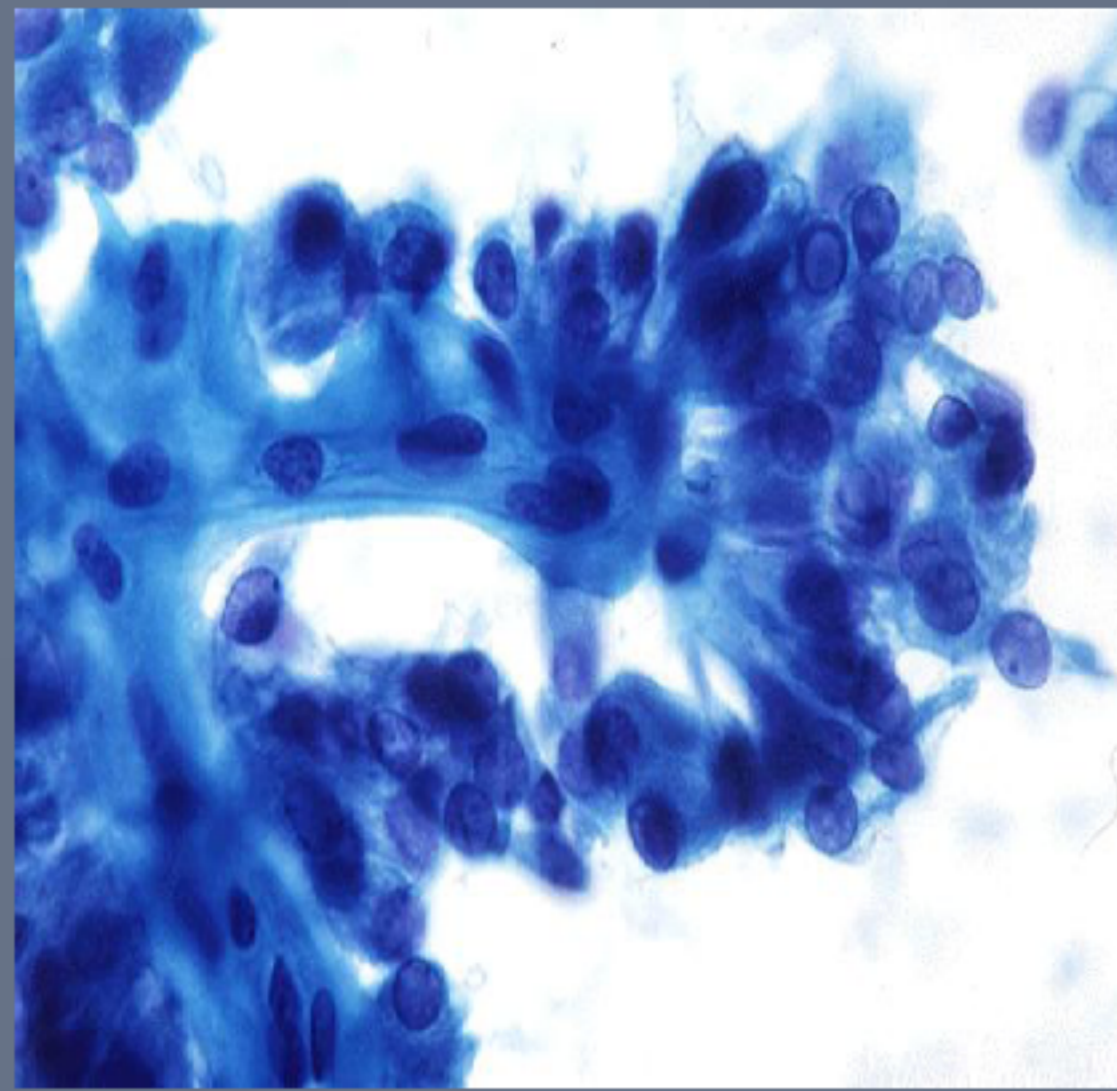
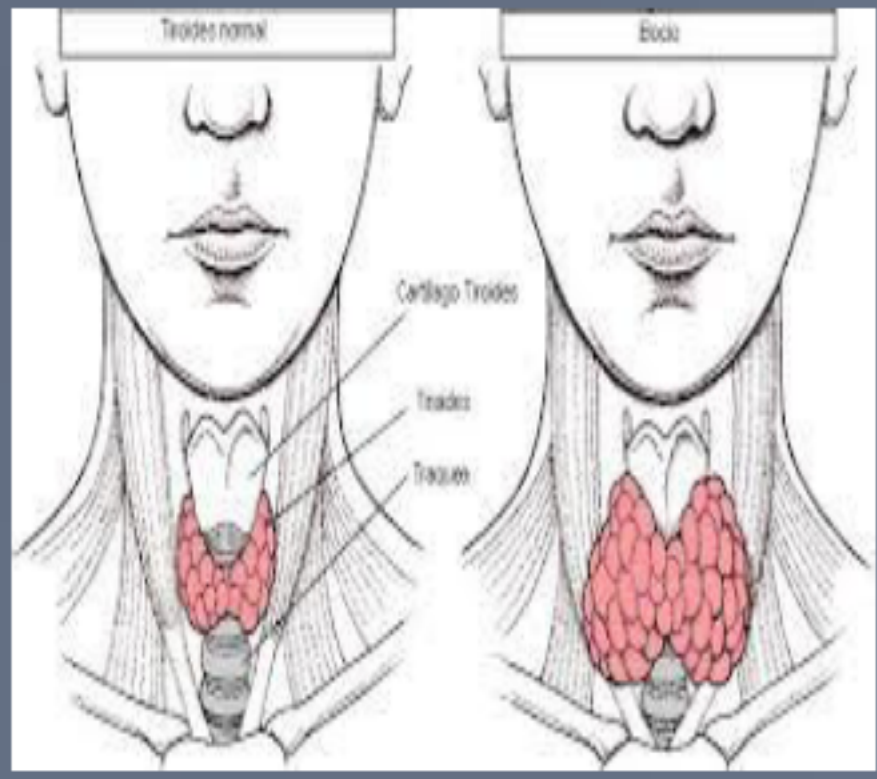
**INTRODUCTION:** Papillary Microcarcinomas thyroids (MCT) are tumors less than or equal to centimeter size, mostly undetectable in the clinic and found incidentally after a thyroidectomy performed for another reason, management is under discussion and its prevalence is increased approximately 30%, it is believed that the increased use of thyroid ultrasound.

**MATERIAL AND METHOD:** Knowing the characteristics of patients with MCT in a province of southern Spain and evaluate the clinical and prognostic variables of our patients. Descriptive observational study, collect the variables of sex, age, reason for surgery, tumor size, stage and clinical course of the MCT followed in our department over the last three years. Data were analyzed SPSS version 20.

**RESULTS:** Review 16 patients with MCT in Huelva between January 2010- January 2015. Evaluate the clinical and prognostic variables of our patients. Mostly women 15/1, age 44-74 years X 50. Most MCT found are incidental finding in Total thyroidectomy (TT) euthyroid BMN 13/16, other causes of surgery: Graves Disease 1 / 16 and 1/16 parathyroid adenoma. Hyperthyroidism 2/1.

Histologically since, given the size average 4.4 mm, only one case of multifocality without capsular most or vascular invasion. In 2 cases has been extended thyroidectomy were no outbreaks of MCT. The capsular invasion and follicular variety associated with increased vigilance in our patients. They have only received 2/16 I131, the most aggressive.

Papillary Microcarcinoma thyroid. N: 16



N	Age	Gender	Treat I	Size	Foci	Histology	Location	Stadium
1	53	Female	50mCi	5mm	unifocal	CPM p.follicular	Derecho	T1N1M0
2	48	Female		4mm	HemiTD unifocal	p.follicular	Right	T1aN0M0
3	46	Female		1mm	TT (2 t) unifocal	MCP	Left	T1N0M0
4	65	Female		5mm	TT.graves unifocal	MCP	Right	T1N0M0
5	74	Female		4mm	TT (2t) unifocal	p.follicular	Left	T1N1M0 LinfadenecT
6	44	Male	100mci	5mm	Multifocal	MCP.Lymph+	Left	T1N1M0
7	50	Woman		5mm	Unifocal	MCP	Left	T1aN0M0
8	55	Woman		5mm	Unifocal	MCP		T1aN0M0
9	53	Woman		1mm	Unifocal. TT (2 times)	MCP	Left	T1aN0M0
10	45	Female	Opción 50mCi	9mm	Unifocal	MCP invasive cap and vascular follicular	Left	T1N0M0
11	50	Female		2.5 mm	Unifocal	p.follicular	Left	T1N0M0
12	61	Female		2mm	Unifocal	MCP	Right	T1aN0M0
13	67	Female	Opción desestimar	7 mm	Unifocal	MCP inv cap+	Right	T1N0M0
14	54	Female		4mm	Unifocal	MCP	Right	T1aN0M0
15	46	Female		6mm	Unifocal	MCP	Right	T1N0M0
16	63	Female		6mm	Unifocal	MCP	Right	T1aN0M0

MCT South Spain. Andalusia.Huelva



**CONCLUSIONS:** In terms of gender, our only case man is what has been presented with worse prognosis and clinical aggressiveness from the start. Our series is small, the follow-up time is short, but data obtained corroborate published prognostic factors, the most important gender, multifocality and lymphadenopathy.

