NEO TY - GHID UK 2014

factori de risc pt cancerul de ty:

iradiere gat in copilarie

gusa endemica

tiroidia Hashimoto

APP/AHC de adenoame ty

sndr Cowden: macroencefalie, dificultati usoare de invatare, tumori benigne sau maligne mamare, limba "carpet-pile"

polipoza colonica familiala

obezitate

cancer ty familial

Recurenta dupa cancer diferentiat ty

patul ty 20 %

ggl laterocervicali 60-75%, in principal in compartimentul III, IV (50%), VI (50%).

Tireoglobulina in lichidul de punctie

< 1ng/ punctie - normal

1 -10 ng/ punctie - de corelat cu datele clinice

> 10 ng/ punctie - meta

tiroglobulina sgv, chiar si stimulata poate fi normala in cazul tumorilor prostdiferentiate

Ecografie la minim 3 luni postoperator. Leziuni suspecte in patul thy:

▪ hipoecogene

▪ taller than wide

▪ contur neregulat, fara halou hipoecogen

▪ vascularizatie prezenta intanodular

▪ microcalcificari si chiste

Pentru adenopatii

Normal

– Hilum preserved. --》 exclude meta ggl

– Ovoid shape and normal size.

– Absent or hilar vascularization.

-- No other suspicious signs.

Indeterminate

– Absence of a hilum and at least one of the following characteristics:

-- Round shape;

-- increased short axis,

-- ≥ 8 mm in level II and ≥ 5 mm in levels III and IV;

-- increased central vascularization.

Suspicious for malignancy (at least one of the following characteristics)

– Microcalcifications.

– Partially cystic appearance.

– Peripheral or diffusely increased vascularization

– Hyperechoic tissue looking like thyroid

!! Ggl mici < 7mm pot fi urmariti conservator, raman stabili mult timp.

Dozez si TGL in punctie, fie ggl fie ty( dg dif granulom de fir sau recidiva).

Metastaze musculare sau in t moi: formatiuni solide, prost delimitate, vascularizate

Cand fac eco

☆ daca c thy e o descoperire intamplatoare postop sau daca nu am o evaluare preop.

☆ la evaluarea de la 6 luni, impreuna cu TGL stimulata sau sub LT4 ( daca nu a facut radioiod)

☆ La pc cu risc mic si foarte mic, daca la 6 luni totul e ok, nu mai e nevoie

☆ la pc cu risc mare de recurenta, anual, si in functie de TGL.

☆ dupa 5 ani, la pc cu risc mic, o eco de control , cu TGL bazala, apoi nu mai e nevoie

☆la pac cu risc mare, reanalizare risc dupa 5 ani si in functie de risc, anual

☆ lobectomie - eco la 6 luni apoi la 2-3 ani

☆ la 3 luni dupa operatie incompleta cu radioiod pt tumori cu invazie in structurile de vecinatate, pt restadializare poate reinterventie

ANAPLAZIC = NEDIFERENTIAT

1-3% neo ty; dupa 60 ani

Supravietuire medie 5-7 luni, 10 % supravietuire la 1 an

Stadializare--》 stadiu IV

IV A - intraty

IV B - extins doar la struct din gat

IV C - metastaze la distanta