Intraoperative Frozen Section for the Evaluation of Extrathyroidal Extension in Papillary Thyroid Cancer

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We read with interest the article by Park Y M et al., “Intraoperative frozen section for the evaluation of extrathyroidal extension in papillary thyroid cancer” [1]. We congratulate the authors on their novel technique of using an already existing technique and bringing it from the bench to bedside for the betterment of treatment of papillary thyroid cancer. Extrathyroidal extension especially minimal ETE has been a matter of great debate among endocrine surgeons and endocrine pathologists, considering the definition and also the prognosis especially in small tumors [2].

We have few queries which shall be of benefit for future readers. Since many different criteria are available for ETE and controversy exists in the definition of minimal ETE (involvement of adipose tissue and skeletal muscle is still a controversy, and involvement of sizable vascular structure and small peripheral nerves are considered as minimal ETE [3, 4]), we would like to know which criteria were used by the authors and also the definition of minimal ETE.

Did the authors find any correlation between the variants of papillary thyroid carcinoma and extrathyroidal

extension since aggressive variants have more ETE? False negative rate of frozen biopsy was 12.62 %. Did a dedicated Pathologist report or review these reports?

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