

Prognostic Significance of the Proportion of Tall Cell Components in Papillary Thyroid Carcinoma

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We read with interest the article “Prognostic Significance of the Proportion of Tall Cell Components in Papillary Thyroid Carcinoma” by Ito et al. [1]. We congratulate the authors on their attempt to whether and how the proportion of tall cell component (TCC) affects the prognosis of patients with tall cell variant (TCV) of papillary thyroid carcinoma. The authors in their study attempted to categorize the TCC into TCC-Major and TCC-Minor which can be of help to the endocrine surgeon, and in fact an attempt at the bench side to help the bed side in dealing with this rare aggressive histotype of papillary thyroid carcinoma (PTC).

Tall cell variant as first described in 1976, as PTC composed of at least 30% tall cells (whose height greater than twice its width) and in 2004, world health organization changed this to 50% or more tall cells. Different studies have used different percentage of tall cells, but majority of studies have shown that patients of TCV have increased incidence of multifocality, higher TNM stage, extra thyroidal extension, vascular invasion, lymph node metastasis, distant metastasis, BRAF mutation, lower disease free survival (DFS) and overall survival. TCV have been associated with microlobulations, markedly hypochoic nodules and lymph node metastasis on ultra sonography. In Fine-needle aspiration cytology, the reliable distinguishing features include large polygonal cells with abundant granular oncocyctic cytoplasm, distinct cytoplasmic borders, prominent central nucleoli and increased

number of nuclear pseudo-inclusions imparting a soap bubble appearance to the nucleolus [2–5].

We have few queries which would be of use to the future readers. Did the authors find the above-mentioned ultrasound features and FNAC findings their study? Did they perform BRAF testing in their histological specimen? Do they routinely use this classification using proportion of TCC for their patient care?

References

1. Ito Y, Hirokawa M, Miyauchi A, Higashiyama T, Kihara M, Miya A (2016) Prognostic significance of the proportion of tall cell components in papillary thyroid carcinoma. *World J Surg*. doi:10.1007/s00268-016-3784-7
2. Choi YJ, Shin JH, Kim JH, Jung SL, Son EJ, Oh YL (2011) Tall cell variant of papillary thyroid carcinoma: sonographic and clinical findings. *J Ultrasound Med* 30(6):853–858
3. Ghossein R, Livolsi VA (2008) Papillary thyroid carcinoma tall cell variant. *Thyroid* 18(11):1179–1181. doi:10.1089/thy.2008.0164
4. Wang X, Cheng W, Liu C, Li J (2016) Tall cell variant of papillary thyroid carcinoma: current evidence on clinicopathologic features and molecular biology. *Oncotarget* 7(26):40792–40799. doi:10.18632/oncotarget.8215
5. Liu Z, Zeng W, Chen T, Guo Y, Zhang C, Liu C, Huang T (2016) A comparison of the clinicopathological features and prognoses of the classical and the tall cell variant of papillary thyroid cancer: a meta-analysis. *Oncotarget*. doi:10.18632/oncotarget.14055

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