ASO AUTHOR REFLECTIONS

ASO Author Reflections: Encapsulated Angio-Invasive Follicular Thyroid Carcinoma: Prognostic Impact of the Extent of Vascular Invasion

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PAST

Previous studies have reported an association between the number of foci of vascular invasion (VI) and thyroid cancer prognosis. The fourth edition of the WHO classification divided minimally invasive follicular thyroid carcinomas (MI-FTCs) into two subgroups: capsular invasion (CI)-only and encapsulated angio-invasive FTCs.¹ Moreover, the Armed Forces Institute of Pathology had classified MI-FTCs into three groups: those with CI, those with limited VI (< 4 vessels), and those with extensive VI (≥ 4 vessels).²

PRESENT

Until now, the impact of VI in encapsulated angio-invasive FTC has not been examined in isolation, because previous studies included other histological types of thyroid carcinomas.³ Furthermore, there are few reports that counted the number of foci of VI in detail. As such, the current study aimed to investigate the association between the extent of VI and outcome of encapsulated angio-invasive FTCs in our institution. The present study indicated

that patients with encapsulated angio-invasive FTC who had ≥ 2 foci of VI probably had poorer prognosis compared to those with 1 focus of VI.⁴

FUTURE

Considering the aforementioned results, we need to carefully follow up patients with encapsulated angio-invasive FTC who had a VI of ≥ 2 , especially in patients with age ≥ 55 years.

DISCLOSURE The authors have nothing to disclose.

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