

Ecografia interventistica della tiroide: dall'agoaspirato a ...

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Neck interventional procedures: 45 years of Italian success

Citodiagnostica oncologica. Testo atlante

Carlo Ravetto

Editore: <u>Piccin-Nuova Libraria</u> Anno edizio e: 1973





Ravetto C, Spreafico L, Colombo L. L' esame citologico con agoaspirato nella diagnosi precoce delle neoplasie tiroidee. Confronto con i dati clinici e scintigrafici. *Recenti Prog Med* 1977;63:258–74.

Cancer Cytopathology



2000;90:357-363.

Usefulness of Fine-Needle Aspiration in the Diagnosis of Thyroid Carcinoma

A Retrospective Study in 37,895 Patients

Carlo Ravetto, M.D.^{1*} Luigia Colombo, M.D.² Massimo E. Dottorini, M.D.²

RESULTS. The sensitivity of FNA was 91.8% and the specificity was 75.5%.

Only in the case of a cytologic

diagnosis of "follicular neoplasm" was the probability of malignancy not changed significantly and histologic evaluation of the nodule was necessary.

¹ Pathology Department, Ospedale di Circolo, Busto Arsizio, Italy.

² Nuclear Medicine Department, Ospedale di Circolo, Busto Arsizio, Italy.



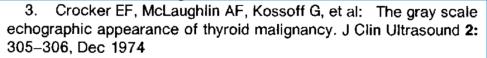
Ultrasonics

Volume 6, Issue 4, October 1968, Pages 242-243

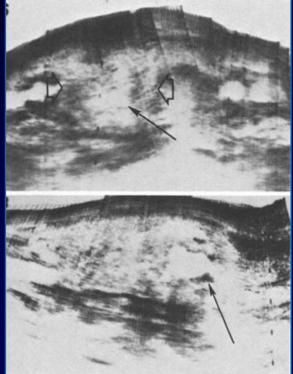


Preoperative approach to thyroid tumours by a twodimensional pulsed echo technique

B. Damascelli *, N. Cascinelli †, T. Livraghi *, U. Veronesi †



4. Taylor KJW, Carpenter DA, Barrett JJ: Gray scale ultrasonography in the diagnosis of thyroid swellings. J Clin Ultrasound 2:327–330, Dec 1974



High frequency transducers allow spatial resolution around 1.00 mm Lesions of 3 – 5 mm can be identified







1974

1984

- It is not possible to biopsy all nodules visible at US
- US is therefore used:

- to identify which nodule to biopsy basing on its specific characters
- to guide sampling into the nodule or into a specific part of the nodule

Thyroid Nodules: Is It Time to Turn
Off the US Machines?1

J.J. Cronan, Radiology 2008; 247:602-604





- HISTORY OF NECK RT
- HISTORY OF MEN
- SUSP. NECK ADENOPATHY

• NEGATIVE HISTORY

NO NECK ADENOPATHY

US - GUIDED FNAB

US FOLLOW - UP

1972 - First percutaneous FNA guided by US

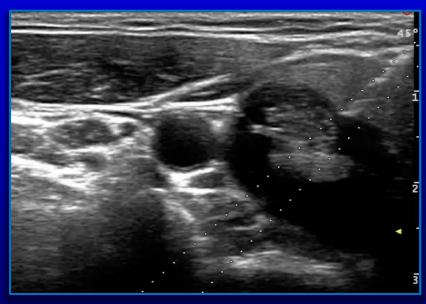


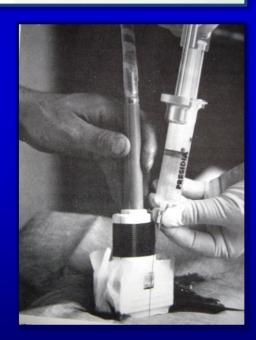


Note

A Simple No-Cost Technique
for Real-Time Biopsy

Tito Livraghi, MD





The Thyroid Gland with Low Uptake Lesions: Evaluation by Ultrasound¹

Radiology 1985; 155: 187-191

Luigi Solbia
Luca Volter
Giorgio Riz
Massimo Ba
Paolo Busila
Francesco C
Francesco F

TABLE 19.2 Reliability of Sonographic Features in Differentiation of Benign From Malignant Thyroid Nodules

PATHOLOGIC DIAGNOSIS

	DIAGNOSIS			
Feature	Benign	Malignant		
SHAPE				
Wider than tall	+++	++		
Taller than wide	+	++++		
INTERNAL CONTENTS				
Purely cystic content	++++	+		
Cystic with thin septa	++++	+		
Mixed solid and cystic	+++	++		
Comet-tail artifact	+++	+		
ECHOGENICITY				
Hyperechoic	++++	+		
Isoechoic	+++	++		
Hypoechoic	+++	+++		
Markedly hypoechoic	+	++++		
HALO				
Thin halo	++++	++		
Thick, incomplete halo	+	+++		
Absent	+	+++		
MARGIN				
Well defined	+++	++		
Poorly defined	++	+++		
Spiculated	+	++++		
CALCIFICATION				
Eggshell calcification	+++	++		
Coarse calcification	+++	+		
Microcalcification	++	++++		
DOPPLER				
Peripheral flow pattern	+++	++		
Internal flow pattern	++	+++		
SONOELASTOGRAPHY				
Patterns 1 and 2	++++	+		
Patterns 3 and 4	+	+++		

TABLE III: Correlation of Echo Patterns with Pathologic Diagnoses in 139 Malignant Neoplasms

Echo Pattern	Papillary Neoplasms	Follicular Neoplasms	Anaplastic Neoplasms	Medullary Neoplasms	Lymphomas	Metastas
Liquid	_	_	-	_	_	_
Mixed	4 (5%)	1 (4%)	_	_	_	1 (100%
Solid hyperechoic	3 (4%)	_	_	_		- 1
Solid isoechoic	12 (14%)	14 (52%)	2 (15%)	3 (33%)	_	
Solid hypoechoic	66 (77%)	12 (44%)	11 (85%)	6 (67%)	4 (100%)	- 1
Total	85	27	13	9	4	1

PART THREE: Small Parts, Carotid Art Peripheral Vessel Sono

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The Thyroid Gland

Luigi Solbiati, J. William Charboneau, Vito Cantisani, Carl Reading, and Giova

ACR Thyroid Imaging, Reporting and Data System (TI-RADS): White Paper of the

ACF

Franklin Jenny K Michael Ulrike I A. Thon

COMPOSITION

(Choose 1)

Cystic or almost 0 points completely cystic Spongiform 0 points

Mixed cystic 1 point and solid

Solid or almost 2 points completely solid

ECHOGENICITY

(Choose 1)

Anechoic 0 points
Hyperechoic or 1 point isoechoic

Hypoechoic 2 points

Very hypoechoic 3 points

ACR TI-RADS

SHAPE

(Choose 1)

Wider-than-tall 0 points
Taller-than-wide 3 points

MARGIN

(Choose 1)

Smooth 0 points

Ill-defined 0 points

Lobulated or 2 points

irregular

Extra-thyroidal 3 points extension

ECHOGENIC FOCI

(Choose All That Apply)

None or large 0 points comet-tail artifacts

Macrocalcifications 1 point
Peripheral (rim) 2 points

Peripheral (rim) calcifications

Punctate echogenic 3 points

foci

Add Points From All Categories to Determine TI-RADS Level

0 Points

TR1
Benign
No FNA

2 Points

TR2
Not Suspicious
No FNA

3 Points

TR3

Mildly Suspicious FNA if ≥ 2.5 cm

Follow if ≥ 1.5 cm

SHAPE

4 to 6 Points

TR4

Moderately Suspicious

FNA if ≥ 1.5 cm Follow if ≥ 1 cm 7 Points or More

TR5

Highly Suspicious

FNA if ≥ 1 cm Follow if ≥ 0.5 cm*

COMPOSITION Spongiform: Composed predomi-

spongitorm: Composed predominantly (>50%) of small cystic spaces. Do not add further points for other categories.

Mixed cystic and solid: Assign points for predominant solid component.

Assign 2 points if composition cannot be determined because of calcification.

Anechoic: Applies to cystic or almost completely cystic nodules.

Hyperechoic/isoechoic/hypoechoic: Compared to adjacent parenchyma.

Very hypoechoic: More hypoechoic than strap muscles.

Assign 1 point if echogenicity cannot be determined.

Taller-than-wide: Should be assessed on a transverse image with measurements parallel to sound beam for height and perpendicular to sound beam for width.

This can usually be assessed by visual inspection.

Lobulated: Protrusions into adjacent tissue.

MARGIN

Irregular: Jagged, spiculated, or sharp angles.

Extrathyroidal extension: Obvious invasion = malignancy.

Assign 0 points if margin cannot be determined.

ECHOGENIC FOCI

Large comet-tail artifacts: V-shaped,
>1 mm, in cystic components.

Macrocalcifications: Cause acoustic shadowing.

Peripheral: Complete or incomplete along margin.

Punctate echogenic foci: May have small comet-tail artifacts.

Parathyroid tumors detected by fine-needle aspiration biopsy under ultrasonic guidance.

Solbiati L, Montali G, Croce F, Bellotti E, Giangrande A, Ravetto C. Radiology. 1983 Sep;148(3):793-7.

Percutaneous ethanol injection of parathyroid tumors under US guidance: treatment for secondary hyperparathyroidism.

Solbiati L, Giangrande A, De Pra L, Bellotti E, Cantù P, Ravetto C. Radiology. 1985 Jun;155(3):607-10.



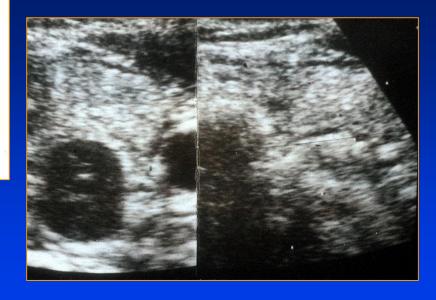


INTERVENTIONAL RADIOLOGY

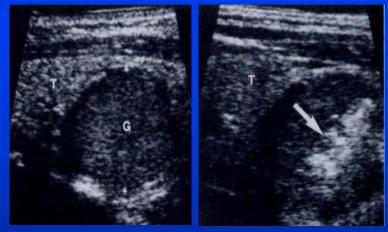
Luigi Solbiati, M.D. Alberto Giangrande, M.D. Luigi De Pra, M.D. Elena Bellotti, M.D. Paola Cantù, M.D. Carlo Ravetto, M.D.

Percutaneous Ethanol Injection of Parathyroid Tumors under US Guidance: Treatment for Secondary Hyperparathyroidism¹

Radiology 1985; 155: 607-610



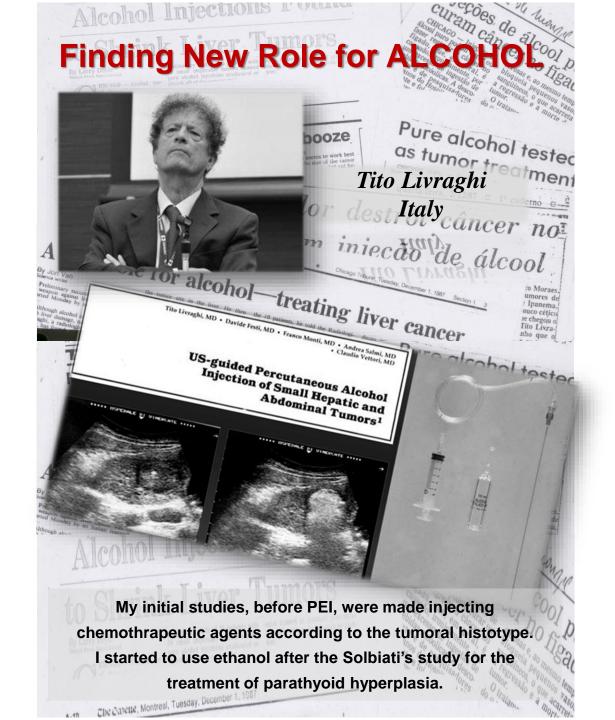




February 1982
This was probably the first percutaneous "ablation" of a solid tumor in the history of Medicine.





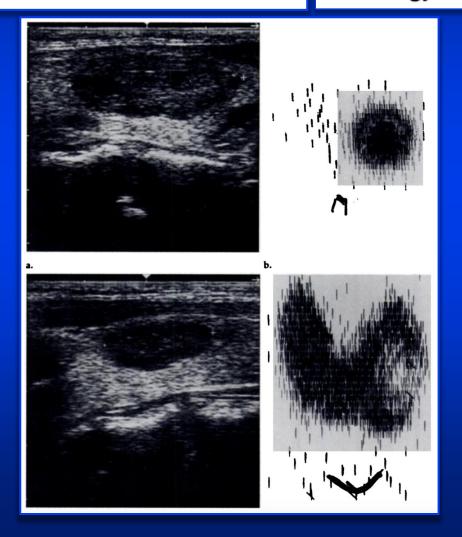


Tito Livraghi, MD • Alessandra Paracchi, MD • Carlo Ferrari, MD • Mario Bergonzi, MD • Gilberto Garavaglia, MD • Paolo Raineri, MD • Claudio Vettori, MD

Treatment of Autonomous Thyroid Nodules with Percutaneous Ethanol Injection: Preliminary Results

Work in Progress¹

Radiology 1990; 175:827-829



ALCOOLIZZAZIONE di NODULI IPERFUNZIONANTI

- RISULTATI -

>"complete cure"

in 68-100 % dei noduli pre-tossici in 50-89 % dei noduli tossici

"partial cure" in 10-39% dei noduli tossici e pre-tossici

Livraghi T, 1990 - Monzani F, 1992 - Papini E, 1993 - Livraghi T, 1994 Paracchi A, 1992 - Martino E, 1992 - Mazzeo S, 1993 - Ozdemir H, 1994

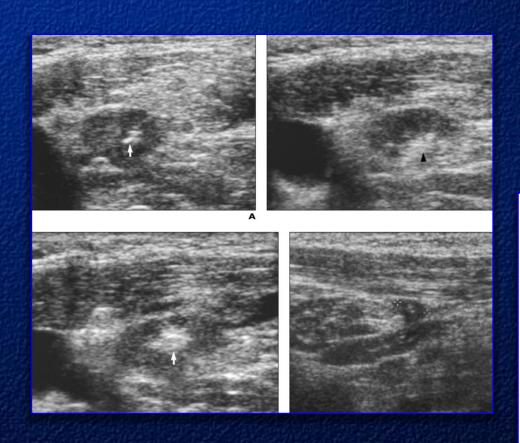
Nella serie più ampia (101 pz. - Livraghi T, 1994) con follow-up di 6-48 mesi:

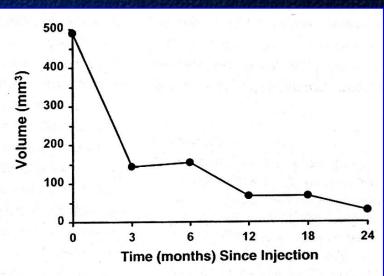
- cura completa in 50% dei noduli tossici e 68% dei pre tossici
- significativa riduzione di volume del nodulo nel 73%
- 4-8 sessioni di trattamento/nodulo

Percutaneous Ethanol Injection for Treatment of Cervical Lymph Node Metastases in Patients with Papillary Thyroid Carcinoma

B. D. Lewis¹
I. D. Hay²
J. W. Charboneau¹
B. McIver²
C. C. Reading¹
J. R. Goellner³

AJR2002;178:699-704

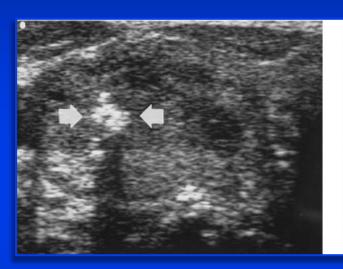


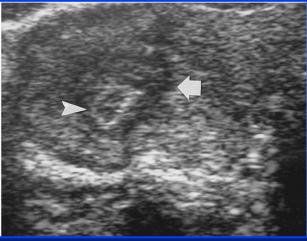


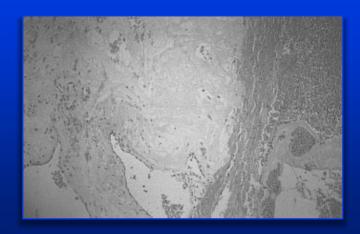
Thyroid Tissue: US-guided Percutaneous Interstitial Laser Ablation—A Feasibility Study¹

Claudio M. Pacella, MD Giancarlo Bizzarri, MD Rinaldo Guglielmi, MD Vincenzo Anelli, MD Antonio Bianchini, MD Anna Crescenzi, MD Sara Pacella, MD Enrico Papini, MD

Radiology 2000; 217:673–677







Thyroid tissue: US-guided percutaneous laser thermal ablation. Pacella CM, Bizzarri G, Spiezia S, et al. Radiology 2004; 232: 272-280.

25 pts. at poor surgical risk, treated for cold nodules (8), hyperfunctioning (16) or anaplastic carcinoma (1).

1-4 21G spinal needles, 3-5W laser.

2 cases of mild dysphonia, resolved at 48 hours and 2 months. Improvement of local compression symptoms in 12/14.

TSH detectable in 5/16 (31%) hyperfunctioning.

32 mL of necrosis in the anaplastic treated.

Mean volume reduction of 3.3 + /-2.8 mL (62% + /-21.4%) in hyperfunctioning and 7.7 + /-7.5 mL (63% + /-13.8) in cold nodules.

Thyroid. 2006 Apr;16(4):361-7.

Radiofrequency ablation of benign cold thyroid nodules: initial clinical experience.

Kim YS¹, Rhim H, Tae K, Park DW, Kim ST.

J Am Geriatr Soc. 2007 Sep;55(9):1478-9.

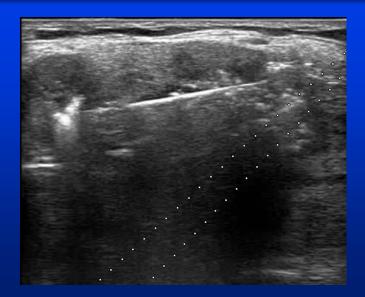
Efficacy and safety of radiofrequency thermal ablation in the treatment of thyroid nodules with pressure symptoms in elderly patients.

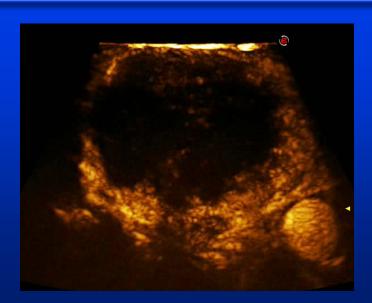
Spiezia S, Garberoglio R, Di Somma C, Deandrea M, Basso E, Limone PP, Milone F, Ramundo V, Macchia PE, Biondi B, Lombardi G, Colao A, Faggiano A.

Eur Radiol. 2008 Jun;18(6):1244-50. doi: 10.1007/s00330-008-0880-6. Epub 2008 Feb 20.

Radiofrequency ablation of benign thyroid nodules: safety and imaging follow-up in 236 patients.

Jeong WK¹, Baek JH, Rhim H, Kim YS, Kwak MS, Jeong HJ, Lee D.







Before RF ablation



12-month



6-month



18-month

Complications Encountered in the Treatment of Benign Thyroid Nodules with US-guided Radiofrequency Ablation: A

Multicenter Study¹

Jung Hwan Baek, MD
Jeong Hyun Lee, MD
Jin Yong Sung, MD
Jae-Ik Bae, MD
Kyung Tae Kim, MD
Jungsuk Sim, MD
Seon Mi Baek, MD
Young-sun Kim, MD
Jung Hee Shin, MD
Jeong Seon Park, MD
Dong Wook Kim, MD
Ji-hoon Kim, MD
Eun-Kyung Kim, MD
So Lyung Jung, MD
Dong Gvu Na. MD

For the Korean Society of Thyroid Radiology

Radiology: Volume 262: Number 1—January 2012

Review Article

http://dx.doi.org/10.3348/kjr.2012.13.2.117 pISSN 1229-6929 · eISSN 2005-8330 Korean J Radiol 2012;13(2):117-125



Radiofrequency Ablation of Benign Thyroid Nodules and Recurrent Thyroid Cancers: Consensus Statement and Recommendations

Dong Gyu Na, MD², Jeong Hyun Lee, MD¹, So Lyung Jung, MD³, Ji-hoon Kim, MD⁴, Jin Yong Sung, MD⁵, Jung Hee Shin, MD⁶, Eun-Kyung Kim, MD⁷, Joon Hyung Lee, MD⁸, Dong Wook Kim, MD⁹, Jeong Seon Park, MD¹⁰, Kyu Sun Kim, MD⁵, Seon Mi Baek, MD¹¹, Younghen Lee, MD¹², Semin Chong, MD¹³, Jung Suk Sim, MD¹⁴, Jung Yin Huh, MD¹⁵, Jae-Ik Bae, MD¹⁶, Kyung Tae Kim, MD¹⁷, Song Yee Han, MD¹⁸, Min Young Bae, MD¹⁹, Yoon Suk Kim, MD²⁰, Jung Hwan Baek, MD¹; for Korean Society of Thyroid Radiology (KSTHR), Korean Society of Radiology

Parathyroid tumors detected by fine-needle aspiration biopsy under ultrasonic guidance.

Solbiati L, Montali G, Croce F, Bellotti E, Giangrande A, Ravetto C. Radiology. 1983 Sep;148(3):793-7.

Percutaneous ethanol injection of parathyroid tumors under US guidance: treatment for secondary hyperparathyroidism.

Solbiati L, Giangrande A, De Pra L, Bellotti E, Cantù P, Ravetto C. Radiology. 1985 Jun;155(3):607-10.

Thyroid tissue: US-guided percutaneous interstitial laser ablation-a feasibility study.

Pacella CM, Bizzarri G, Guglielmi R, Anelli V, Bianchini A, Crescenzi A, Pacella S, Papini E. Radiology. 2000 Dec;217(3):673-7.

<u>Long-term effectiveness of ultrasound-guided laser ablation of hyperfunctioning parathyroid</u> adenomas: present and future perspectives.

Andrioli M, Riganti F, Pacella CM, Valcavi R.

AJR Am J Roentgenol. 2012 Nov;199(5):1164-8. doi: 10.2214/AJR.11.8442.

<u>Image-guided percutaneous ablation therapies for local recurrences of thyroid tumors.</u>

Pacella CM, Papini E.

J Endocrinol Invest. 2013 Jan;36(1):61-70.

<u>Percutaneous Laser Ablation of Metastatic Lymph Nodes in the Neck From Papillary Thyroid</u>
<u>Carcinoma: Preliminary Results.</u>

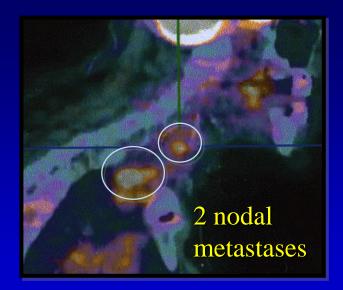
Mauri G, Cova L, Tondolo T, Ierace T, Baroli A, Di Mauro E, Pacella CM, Goldberg SN, Solbiati L. J Clin Endocrinol Metab. 2013 May 10. [Epub ahead of print]

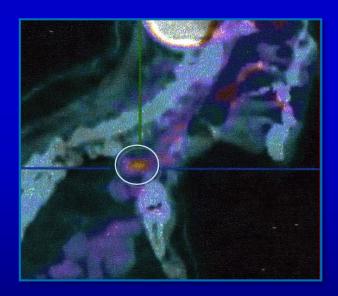
J Clin Endocrinol Metab. 2013 May 10. [Epub ahead of print]

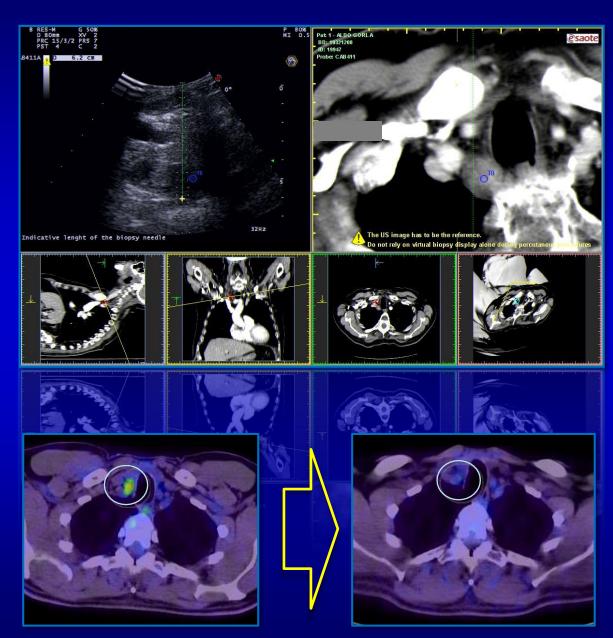
Mauri G, Cova L, Tondolo T, Ierace T, Baroli A, Di Mauro E, Pacella CM, Goldberg SN, Solbiati L

2013



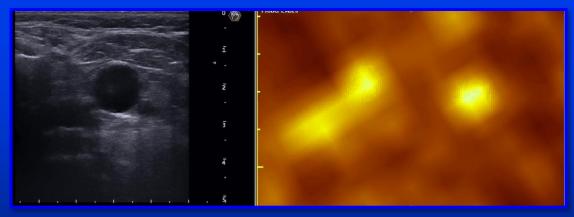


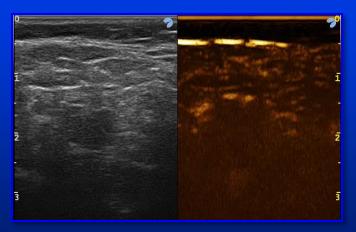












ORIGINAL ARTICLE - HEAD AND NECK ONCOLOGY

Inoperable Symptomatic Recurrent Thyroid Cancers: Preliminary Result of Radiofrequency Ablation

Ko Woon Park, MD¹, Jung Hee Shin, MD, PhD¹, Boo-Kyung Han, MD, PhD¹, Eun Young Ko, MD, PhD¹, and Jae Hoon Chung, MD, PhD²

Efficacy and Safety of
Radiofrequency Ablation for
Treatment of Locally Recurrent
Thyroid Cancers Smaller than
2 cm¹

Ji-hoon Kim, MD, PhD
Won Sang Yoo, MD
Young Joo Park, MD, PhD
Do Joon Park, MD, PhD
Tae Jin Yun, MD
Seung Hong Choi, MD, PhD
Chul-Ho Sohn, MD, PhD
Kyu Eun Lee, MD, PhD
Myung-Whun Sung, MD, PhD
Yeo-Kyu Youn, MD, PhD
Kwang Hyun Kim, MD, PhD
Bo Youn Cho, MD, PhD

, Sungkyunkwan University School of gy and Metabolism, Samsung Medical

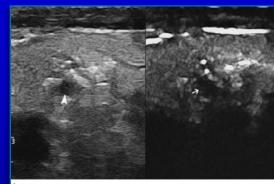
Eur Radiol (2017) 27:2934–2940 DOI 10.1007/s00330-016-4610-1

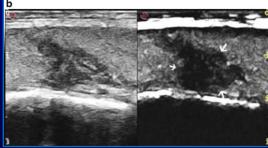


Ultrasound-guided percutaneous laser ablation of unifocal T1N0M0 papillary thyroid microcarcinoma: Preliminary results

Wei Zhou 1 · Shan Jiang 1 · Weiwei Zhan 1 · Jianqiao Zhou 1 · Shangyan Xu 1 · Lu Zhang 1







Future perspectives

Int J Hyperthermia. 2016 Nov 22:1-2. [Epub ahead of print]

Percutaneous ablation holds the potential to substitute for surgery as first choice treatment for symptomatic benign thyroid nodules.

Mauri G1, Sconfienza LM2.

Int J Hyperthermia. 2016 Sep 20:1-11. [Epub ahead of print]

Radiofrequency ablation of low-risk small papillary thyroidcarcinoma: preliminary results for patients ineligible for surgery.

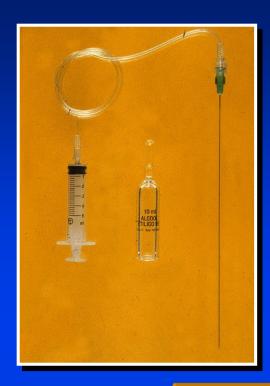
Kim JH1, Baek JH2, Sung JY3, Min HS4.5, Kim KW6, Hah JH7, Park DJ8, Kim KH9, Cho BY10, Na DG11.

Microwave ablation induces a lower systemic stress response in patients than open surgery for treatment of benign thyroid nodules

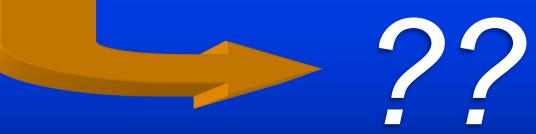
January 2018 · International Journal of Hyperthermia DOI · 10.1080/02656736.2018.1427286

Jing Yan · Tihong Qiu · Jing Lu · Show all 5 authors · Yinghong Yang





30 years ago



Prediction is very difficultespecially about the future



