

An Analysis of Clinico-Pathological Pattern of Thyroid Neoplasms

Sudhir Adepu

Dr. Sudhir Adepu, Sudha Hospital, H.No. 3-5-2, Near Forest office Chowrasta, Civil Hospital Road, Karimnagar-505001. Telangana State Email: sudhiradepu@gmail.com

Abstract

Background: Thyroid neoplasms are very common and occur in all age groups especially in females. Early diagnosis and management is the key to preventing morbidity and mortality. **Aim:** We in the present study tried to analyze the clinic-pathological type of thyroid neoplasms reporting to our tertiary care teaching institute. **Methods:** This prospective cross-sectional study was conducted in the Department of General Surgery, Prathima Institute of Medical Sciences Naganur, Karimnagar. Patients aged above 11 years to 60 years with suspected thyroid neoplasms. The patients were subjected to investigations that included FNAC, X-ray neck, Ultrasonography of thyroid gland, CT scan, complete blood picture, FBS, ECG, thyroid profile, liver function tests, kidney function tests, HbsAg, and HIV. Surgical excisions where ever required and the excised specimen was again sent to the Department of Pathology for the final diagnosis of the lesion based on histopathology report. **Results:** N=154 cases of thyroid neoplasms were examined during the study period out of which n=120 (77.92%) were benign included n=112 (93.3%) females and n=8(6.67%) were male cases. The incidence of benign thyroid neoplasm is high with greater frequency of Follicular adenoma and the thyroid gland is very common and the occurrence of benign tumors was common in the third decade. Among the malignant neoplasms of thyroid, we found Papillary carcinoma followed by follicular carcinoma. **Conclusion:** The incidence of benign tumors of the thyroid gland are common in our region. The greater frequency of benign tumors is follicular adenoma and the malignant tumors in the cases were frequency found to be papillary carcinoma. The common surgery performed for the benign tumor was Hemithyroidectomy and for malignant tumors subtotal thyroidectomy with or without neck dissection.