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not have a predictive value in foreseeing malignancy in residual thyroid tissue; however, other studies containing more patients are of necessity to clarify the issue.
Declaration of interest
The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.
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P1771

Ultrasound (US) features of thyroid nodules with cytology suspicious for malignancy

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Introduction
Several studies in literature have shown that some features of thyroid nodules at US are associated with malignancy. However, previous studies were focused mainly on subjects affected by multinodular goiter (about 70%) rather than subjects with thyroid cancer (about 30%). Furthermore, the main limitation of previous studies was the lack of thyroidectomy in all subjects.
Aim of the study
To evaluate the diagnostic value of US features in a selected sample of patients with thyroid nodules cytologically suspected for malignancy (THY4–THY5) by comparing US features of each nodule with the results of histological analysis after thyroidectomy.
Methods
In this prospective study, we enrolled 54 patients with cytological result suspicious of malignancy. All subjects underwent thyroid ultrasound before thyroidectomy. We evaluated the following US features: size, content, shape, margins, echogenicity, calcification, halo sign, vascular pattern, for all the nodules (those citologically suspected and those not suspected). All enrolled patients underwent total thyroidectomy, therefore all benign and malignant nodules previously assessed at US received histological verification.
Results
In all the 54 patients a diagnosis of differentiated thyroid cancer was confirmed. Each of the following features: microcalcifications, macrocalcifications, irregular margins and hypoechogenicity at US correlate with malignancy at histology by using chi-square ($P<0.001$).These features have high specificity but low sensitivity (microcalcifications 93.9–40.4%, macrocalcifications 98–22.8%, hypoechogenicity 96–21% respectively). Irregular margins is the feature with the best pair of sensitivity (65%) and specificity (65%).
Conclusions
These results confirm and reinforce previous studies that showed a correlation among microcalcification, irregular margins, hypoechogenicity and malignancy in a highly selected sample of patients undergoing thyroidectomy. Furthermore, in contrast with literature, we found a strong correlation also between macrocalcification and malignancy. US is a valid tool to select which nodules require FNA evaluation according to sonographic features closely related to malignancy.
Declaration of interest
The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.
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This research did not receive any specific grant from any funding agency in the public, commercial or not-for-profit sector.

P1772

Incidence of ultrasound thyroid scan anomalies in healthy volunteers in modena, italy

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Introduction
We assessed the incidence of ultrasound (US) thyroid scan anomalies in adult volunteers in the district of Modena
Methods
From December 2010 to October 2011 we performed US thyroid scan (Siemens Acuson Antares, 10 Mega Hertz-Linear scanner- B mode) in a cohort of 201 volunteers, recruited by local advertisement, women ($n=135$) and men ($n=66$), mean age 46 ± 10.7. All participants were unaware of any thyroid disease and at their first thyroid US scan. Fine needle aspiration cytology (FNA) was performed in 13 subjects.
Results
US thyroid scan anomalies were found in 101 subjects (50.3%): 93 nodular goiters (95%) and 13 subjects with ultrasound features of thyroiditis (12.8%), 11 of them confirmed by positive anti Tg and/or anti TPO antibodies. Positive family history was present in 30% of subjects affected by thyroid US anomalies. In all subjects with nodules serum calcitonin was normal. 13 subjects (6.5%) with nodular goiter underwent FNA with the following citology: 10 patients THY 2 (77%), 1 patient THY 3 (7.7%), 2 patients had THY 4 (15%) followed by histological confirmation of thyroid papillary carcinoma after total thyroidectomy (both women aged 48)
Conclusions
The incidence of thyroid anomalies, mainly nodular goiter, is very high in subjects unaware of any thyroid disease in the district of Modena, Italy. Thyroid cancer was found in 1% of all subjects, 2% of those affected by nodular goiter. Among subjects who underwent FNA the prevalence of cancer was 15%. Compared to other well-established screening programs like breast and colorectal cancer providing a yearly detection rate of about 0.45% and 0.27% respectively, the incidence of thyroid cancer seems to be much higher: thyroid US mass screening could allow the detection of asymptomatic cancer at a very early stage with a high cost-benefit ratio.
Declaration of interest
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P1773

Surgical treatment of locally advanced thyroid carcinoma with larynx infiltration: case report

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Introduction
Infiltration of larynx by thyroid cancer represents fourth stage of the disease and is threatening disease. Lethal outcome of advanced thyroid cancer, which invades trachea and larynx, is usually associated with airway obstruction.
Patient and method
We are presenting 58 year old woman operated due to the advanced papillary carcinoma Patient underwent total thyroidectomy, central neck dissection, modified radical dissection of the right side, selective dissection on the left side, auto-transplantation of left parathyroid gland, partial vertical laryngectomy and reconstruction of defects with epiglottis and surgical tracheotomy. After surgical treatment she received a dose of 5.5 GBq J 131st. Postoperative stenosis of the larynx was treated twice with laser surgery.
Results
Traheostomy has been closed and the phonatory and respiratory functions were preserved after treatment. One year of follow up has passed with no signs of relapse.
Conclusion
Decision of resectability of the tumor with reconstruction of the defect in the larynx is the most commonly intraoperative decision. Radical surgery is a logical and rational therapeutic approach for thyroid cancer in the fourth stage.
The goal of radical surgery in locally advanced thyroid cancer is to prevent lethal outcome but can also be curative form of therapy with good quality of life.
Declaration of interest
The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.
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