

FINE NEEDLE ASPIRATION (FNA) THYROID GLAND

Technical Aspects of Aspiration

- * 21 to 25 gauge needle, with or w/o suction.
- * 23 gauge needle to evacuate cystic lesions.
- * Three separate passes from different areas of the lesion are recommended on small (less than 3cm) lesions; larger lesions may require possibly six or twelve passes to reduce the number of false-negative results.
- * Insert needle into lesion, move needle up and down using gentle jabs with no suction, stop procedure once blood or fluid is visible in the needle hub.
- * Cystic lesions should be completely evacuated and the thyroid palpated for additional intracapsular nodular lesions.
- * Indicate the location of the lesion sampled by:
 - * Left lateral lobe
 - * Right lateral lobe
 - * Midline if Isthmus
 - * Or occasionally pyramidal lobe if connected superiorly at midline may also be sampled.

FNA Needle Rinses - Rinse each needle pass directly into a specimen container filled with 30ml of CytoLyt solution. Needle passes from the same site may be rinsed together (changing the needle between passes) but use separate specimen container (correctly labeled) from each site aspirated.

Defining adequacy in Thyroid FNA's - According to the College of American Pathology (CAP) adequacy is defined as: "an adequate sample is one that explains the clinical scenario or lesion."

They further elaborate: "Obscuring factors such as blood, inflammation, distortion, poor fixation, and necrosis involving the majority of specimen/slides can contribute to an unsatisfactory FNA."

A review of the literature suggests the following criteria for Adequacy in Thyroid Fine Needle Aspirations.

- * Six to eight groups of well-preserved follicular cells (10 or more cells per group).
- * Six groups of follicular cells on at least two slides from separate passes.
- * Minimum of 10 clusters of follicular cells (20 cells/cluster).
- * In cystic lesions, aspirate should be clinically representative. Abundant watery colloid and histiocytes but few or no follicular cells in a large cyst can be interpreted as consistent with benign colloid goiter/cyst, but comment that evaluation is limited by absent or scant follicular cells. Cystic papillary carcinomas rapidly recur after aspiration; hence, follow-up by the clinician is important. If a residual mass remains after emptying the cyst, then reaspirate mass.
- * If malignant cells are present, specimen is satisfactory/adequate. If only a few malignant cells are present, then the specimen may be interpreted as "suspicious".

Ref: CAP Today, August 2003, Special Section, Defining adequacy in nongynecological cytology.

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