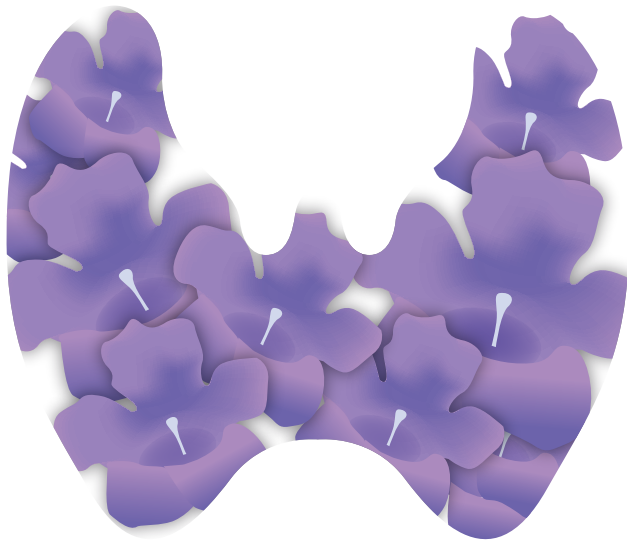


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P063. NÓDULO TIROIDEO: ¿PODEMOS AYUDAR AL CLÍNICO A LA INTERPRETACIÓN ECOGRÁFICA?Fernando Munizaga¹, Soledad Hidalgo², Ximena Lioi³, Claudia Munizaga², Felipe Munizaga⁴¹ Endocrinología, Hospital Clínico San Borja-Arriarán, Universidad de Chile. ² Endocrinología, Hospital San Borja-Arriarán. ³ Endocrinología. ⁴ Bachillerato, Universidad de Chile, Santiago, Chile

Introducción: El nódulo tiroideo (NT) es frecuente en la población general, el examen de elección es la ecotomografía (ECO). Las características más objetivables en un NT son hipoeogenicidad (hi), que sea más alto que ancho (maa) y la ubicación (u). **Objetivos:** Evaluar características ecográficas objetivables de NT, con resultados de punción biopsica (PB) y realizar Score. **Métodos:** Se realiza estudio prospectivo de pacientes portadores de NT sólidos ≥ 1 cm con indicación de PB, se realiza la ECO con equipo Medison con transductor de alta frecuencia. Se compara esta evaluación con resultados PB, clasificados según sistema de Bethesda (Be), benigna (b) (II) y sospechoso o cáncer (c) (V, VI). Se excluyen 21 pacientes por Be I (10) y Be III, IV (11). **Resultados:** Se evalúan 106 pacientes 90 mujeres y 16 hombres, 18 a 75 años ($x 46,08 \pm 15,78$), NT: 1-3,2 cm ($x 1,39 \pm 0,9$). Biopsias: (b) 88 y (c) 18. Los 18 pacientes con biopsia de c fueron operados, 100% confirmados. La hi se encontró en b 53/88 (60,2%) y en c 16/18 (88,9%) siendo $p < 0,001$, con Sensibilidad (S) 88,9% y Especificidad (E) de 39,8%. Ser maa b 9/88 (10,2%) y para c 9/18 (50%) $p < 0,001$, S 50% y E 89,8%. La u superior b 16/88 (18,2%) y c 16/18 (88,9%) $p < 0,001$, S 88,9% y E 81,8%. En 1/3 medio, 2 casos de c y ninguno en el 1/3 inferior. Se realiza Score, dándole un punto a la presencia de (hi) o (maa), y dos puntos a la (u) superior. Score < 1 : 64/1 (1,53% c), Score 2: 18/1 (5,6% c), Score > 3 : 6/16 (72,3% c), con S 88,9% y S 93,2%. **Conclusión:** 1) La presencia de un nódulo sólido en el tercio superior aumenta el riesgo significativamente que la etiología sea un cáncer. 2) Utilizar un score con las características ecográficas más objetivables mejora la aproximación de la etiología del nódulo. **Conflicto de intereses:** Ninguno declarado.

P064. IMPACT OF NEOADJUVANT MULTIKINASE INHIBITORS FOR UNRESECTABLE THYROID CARCINOMA: CASE REPORT AND SYSTEMATIC REVIEWJose Miguel Dora¹, Carla F. Nava¹, Rafael S. Scheffel¹, Ana P. Cristo¹, Carla V. Ferreira¹, Shana Weber¹, André B. Zanella¹, Francisco C. Paixão², Alceu Migliavaca², José R. Guimarães², Marcia Graudenz³, Ana L. Maia¹¹ Thyroid Unit. ² Oncological Surgery Division. ³ Pathology Division, Hospital de Clínicas de Porto Alegre, Porto Alegre, RS, Brazil

Introduction: Papillary thyroid carcinoma (PTC) is the most common and less aggressive thyroid cancer, but some patients may display locally advanced disease. Therapeutic options are limited in these cases, particularly for those patients with unresectable tumors. Neoadjuvant therapy is not part of the recommended work up. **Objectives:** To appraise the current evidence on neoadjuvant therapies for thyroid carcinomas. **Methods:** Report a case of an unresectable grossly locally invasive PTC successfully managed with neoadjuvant therapy and provide a systematic review (SR) using the terms “Neoadjuvant therapy” AND “Thyroid carcinoma”. **Results:** A 32-year-old man with a 7.8 cm (in the largest dimension) PTC was referred to total thyroidectomy but tumor resection was not feasible due to extensive local invasion (trachea, esophagus and adjacent structures). Sorafenib, a multikinase inhibitor (MKI), was initiated; a 70% tumor reduction was observed after 6 months, allowing new surgical intervention and complete resection. Radioactive iodine was administered as an adjuvant therapy and whole body scan (WBS) shows uptake on thyroid bed. One year post- surgery the patient is asymptomatic with status of disease defined as incomplete biochemical response. The SR retrieved 123 studies on neoadjuvant therapy use in thyroid carcinoma; of them, 6 were extracted: 4 case reports and 2 observational studies. Multikinase inhibitors (MKI) were used as neoadjuvant therapy in three clinical cases with 70%-84% of tumor reduction allowing surgery to be performed. **Conclusion:** Our findings, along with other reports, suggest that MKIs is an effective neoadjuvant therapy and should be considered as a therapeutic strategy for unresectable grossly locally invasive thyroid carcinomas. **Conflict of interest:** None declared.