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Letter to the Editor

Thyroglobulin antibodies may serve as predictive marker for papillary thyroid carcinoma in indeterminate cytology: Acceptable or not?

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Dear Editor-in-chief

I read with a great interest the article written by Karatzas and colleagues entitled “Thyroglobulin antibodies as a potential predictive marker of papillary thyroid carcinoma in patients with indeterminate cytology” which has been recently published in your prestigious journal.¹ Authors have reported that thyroglobulin antibodies (TgAb) are possibly associated with papillary thyroid carcinoma (PTC) in patients with nodules of indeterminate cytology. Recent studies have assessed reliability of fine needle aspiration (FNA) in assessment of thyroid nodules which has shown an acceptable rate of sensitivity and specificity in diagnosis of thyroid cancer.² However; seeking for less invasive methods such as ultrasound evaluation or blood factors may help the future of thyroid cancer diagnosis. The authors have done a good job with interesting idea which has addressed the important issue of thyroid cancer diagnosis. Despite my interest to their results there are shortcomings which should be taken into account. First of all, according to the present guidelines thyroid sonography is the first step of evaluation and when there is an indeterminate cytology, FNA should be repeated that may not be indeterminate anymore.³ So the necessity of authors' work is a little unclear. Moreover, the authors have mentioned their study as a retrospective cohort study while it seems to be a cross-sectional study because both exposure and

outcome factors were measured at the same time and there was no follow up for outcome. Also the authors have reported that presence of Hashimoto thyroiditis is associated with histopathologic diagnosis of PTC in patients with indeterminate nodules; while later in the text it has been reported that of 61 patients with PTC most (54.1%) of them were Hashimoto negative. In the same manner the authors have reported that TgAb positive patients have shown more frequent PTC; while it is also reported that of 61 PTC patients, 30 were TgAb positive and 31 were negative. These two reports are a little obscurant regarding discrepancy of results and conclusion. Finally, I appreciate the effort put to this job by authors; however I am wondering if I can kindly ask them to interpret better my concerns.

References

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