LETTERS TO THE EDITOR



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Proposal of a novel terminology: Minimally invasive FNA and Thyroid minimally invasive FNA; MIFNA and Thyroid MIFNA

Thyroid cytopathology, a dynamic discipline, is a crucial prerequisite diagnostic modality of the thyroid nodules after an interventional procedure, fine-needle aspiration (FNA), distinguishing benign from malignant thyroid lesions with high sensitivity and specificity, 65-8% (mean, 83%), 72-100% (mean, 92%), respectively 1. Nevertheless, to the best of our knowledge on this issue, a well-accepted universal guideline for an ideal procedural technique and needle size in FNA application has not been declared to date. Therefore, a wide range of, 20-27-gauge in size, needles have been used for the procedure in the different geographic regions (for e.g. 25-27-gauge in most Western countries and 21-22-gauge in Japan)². Many authors have revealed the demonstration of no significant difference between the finer and thicker needles concerning their adequacy of the samples, obtained by FNA procedures ³. However, some authors proclaimed that the nondiagnostic/unsatisfactory rates of 22- and 25-gauge needles were 18.5% and 21.0%, respectively. We have utilized the 27-gauge needles for our FNA procedures, have been performed by one-endocrine surgery sonographer, for 10 years and stated the nondiagostic cytology (The Bethesda System for Reporting Thyroid Cytopathology [TBSRTC], I) rate within that period as as 9.0%.⁴⁻⁶ Moreover, the size/bore of needle, utilized in FNA, might also affect the comfort of patient. The real adequate and comfortable sampling technique with less painful instruments is the state of the art in the matter of interventional procedures; ergo, we can easily declare 27-gauge needle for the aspiration purposes is being an efficient and comfortable tool

ABBREVIATIONS

FNA: Fine-needle aspiration; TBSRTC: The Bethesda System for Reporting Thyroid Cytopathology.

of choice. In addition, we have administrated a pre-procedural local anesthesia during the time frame of 10 years. We even have administrated a topical anesthesia before our application of the local anesthetic agent during the last decade. Therefore, on the basis of the scientific reports in the literatute and our experiences, we would like to present and kindly propound and advocate a novel term, "minimally invasive FNA; MIFNA" and "minimally invasive thyroid FNA; Thyroid MIFNA" which may contribute, considerably in the field of Endocrine Surgery, Neck-Endocrine Surgery, Head & Neck Surgery, Interventional Radiology, Thyroid Cytopathology, Endocrine Pathology, Endocrinology, Otorhinolaryngology, and Thyroidology, hopefully.

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