Original Research Article

The diagnostic utility of ancillary CD117 immunomarker compared with cell block cytology of thyroid lesions based on Bethesda grading system

Muhammad Yousif Khoso, Amin Fahim*, Aneela Qureshi, Syed Naqeeb Ali

Department of Pathology, Al-Tibri Medical College, Karachi, Pakistan

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*Correspondence:
Dr. Amin Fahim,
E-mail: draminfahim@gmail.com

ABSTRACT

Background: This is a cross sectional multicenter study carried out from July 2017 to December 2017. The aim of the present study is to evaluate the fine needle aspiration cytology and cell block of thyroid lesions on the basis of Bethesda grading system. Also, expression of CD117 immunostaining in thyroid lesions was evaluated. Finally, the results of cell block were compared with expression of CD117 immunomarker for diagnostic confirmation of different thyroid lesions.

Methods: Total one hundred (100) patients presenting with thyroid swelling underwent fine needle aspiration, cell block preparation to diagnose and categorize thyroid lesion on the basis of Bethesda grading system and finally immunostaining with CD117 was carried out.

Results: FNAC results showed 71% patients with benign thyroid morphology and about 23% cases were categorized as atypical to fairly malignant. In cell block study benign lesions diagnosed were 77%, 17% cases as suspicious and 6% were malignant thyroid nodules. Whereas expression of ancillary CD117 immunomarker, confirmed 83% as benign lesions and 17% cases as malignant. Overall ancillary CD117 immunomarker established the better diagnosis to manage and differentiate thyroid lesions.

Conclusions: Cell block results are more accurate than FNAC in thyroid patients. The CD117 immunomarkers can be used as better diagnostic tool for confirmation of thyroid lesions and thus it can reduce unnecessary surgical intervention.

Keywords: Bethesda grading system, Cell block, CD117 immunomarker, Fine needle aspiration cytology, Haematoxylene and eosin, Thyroid nodule

INTRODUCTION

Thyroid diseases are prevalent in areas where food iodine is deficient, that leads to swellings of thyroid called goiter and hypothyroidism. Thyroid nodular disorders are more common. Over all incidence is approximately is 4-7%. Most of these nodules are benign hyperplasic, but 5-20% are true neoplasms. To evaluate any thyroid lesion routine steps considered are; physical examination, neck ultrasound, thyroid functioning tests, thyroid scan, MRI and FNA Biopsy. Fine-needle aspiration cytology (FNAC) has become an extremely popular technique for evaluation of thyroid lesions. It is quick, inexpensive and can be carried out in outpatient department. It is recommended as initial test for evaluation of thyroid swellings to reduce the rate of unnecessary thyroid surgeries. Only about 14% of the surgically resected thyroid nodules were reported to be malignant before the introduction of FNA in practice, however it has raised to 50% with the effective use of FNA. National cancer
society (NCI) conference participants (2007) acknowledged the importance of a uniform terminology for reporting thyroid FNAC, which led to framework the Bethesda system for reporting of thyroid cytopathology.10

The diagnostic accuracy of FNAC of thyroid nodules on basis of Bethesda grading system is less decisive. So, cell blocks are used for better diagnosis as compared to FNAC. Cell blocks are prepared from centrifugation of FNAC fluid. The thick sediment material is embedded in liquid paraffin and cut by microtome and stained by Hematoxylin & Eosin.11 Arif et al, reported about 82% to 94% cell block results were comparable to tissue histopathology results.12

CD117 is an ancillary immunomarker, 145-160 kDa cell membrane protein produced by type-III tyrosine kinase. Moreover, it is expressed on epithelial cells of breast, sweat glands, salivary glands, thyroid follicular cells and show weaker cytoplasmic reaction.13 CD117 marker is over expressed in gastrointestinal stromal tumors whereas it shows reduced expression in papillary thyroid cancer.14

CD117 is economic and more accurate to categorize and confirm inflammatory, benign and malignant thyroid lesions. Therefore, the present study was designed to compare the CD117 immunomarker expression with cell block results based on Bethesda grades in order to categorize, differentiate and confirm the diagnosis.

METHODS

This cross-sectional study was conducted from January 2017 to June 2017 through purposive sampling technique. Sample size for the study was calculated with incidence of the thyroid disease at 7% probability and was approximately 100 patients. The Patients with diffuse, nodular and multinodular thyroid swellings with or without pain were included in the study. The non-cooperative patients and patients with blood diathesis were excluded. The ethical approval of the study was obtained from Institutional Research and Ethical committee. An informed consent was obtained either from the patient or her guardian. The FNAC and cell block reporting and diagnostic procedure was applied on all the aspirates followed by grading on the basis of Bethesda grading system. The CD117 immunostaining (IHC) was applied on all the slides prepared from paraffin embedded tissue blocks.

For immunohistochemistry monoclonal antibody CD117 (clone YR 145 which is already diluted; cell marque, Rocklin, Calif) was done on Leica Microsystems bond III automated tissue staining systems, as Leica Microsystems, Buffalo Grove using polymer refine detection kit.14

Scoring was measured by coloration extent of follicular cells. Staining of less than 5% cells were counted as negative and more than 5% were counted as positive and severity of mast cells were visualized as evidence of positive control. Score 1 or weak positive was counted if 5-50% cells were stained. Score 2 or moderately positive was counted when more than 50% cells were stained. Score 3 showed the strong staining pattern.14

The score was determined by immunohistochemical analyses (Hercep Test™). Score 0 means that no staining or membrane staining that is incomplete and faint in <10% of the tumor cells. Score 1+ is also negative and indicates a faint/barely perceptible membrane staining is detected in >10% of tumor cells. The cells exhibit incomplete membrane staining. A score 2+ is equivocal or weakly positive that indicates a weak-to-moderate complete membrane staining in >10% of the tumor cells. A score of 3+ by IHC was considered as positive and it shows circumferential homogenous dark staining in >10% of the tumor cells.15

RESULTS

In present study 100 cases of thyroid fine needle aspiration (FNA) cytology and cell block made from every aspirate were studied and were categorized according to Bethesda grading system. The results of CD117 immunomarker and cell block made from each aspirate were compared.

The mean±SD age of patients in 100 selected cases was 38.4±12.2(SD) years with age range 11-70 years. The youngest patient in our series was 11 years old female with Bethesda grade III. The female to male ratio was 7.3:1. On physical examination 67 cases (67%) had firm consistency, 20 cases (20%) cases with soft and 13 cases (13%) were with hard consistency. The majority of thyroid swellings were 2-5cm size in 67 cases (67%), in 23 cases (23%) the size noted was >5cm and in 10 cases (10%) it was <2cm.

According to the Bethesda system reporting of thyroid FNAC, 100 cases were diagnosed and categorized in six grades. The grade-I comprised of 6 cases with cytology showing minimum cellularity with plenty of foamy macrophages. The highest number of cases on FNAC was of grade-II with 71 (71%) cases. The grade-III comprised

![Figure 1: Bethesda grading of thyroid FNAC patients.](image-url)
of 7 cases with smears showing follicular and lymphoid cells with architectural atypia. In grade-IV; alteration in follicular cell architecture characterized by cell crowding, microfollicles, dispersed isolated cells and scanty colloid was seen in 2 cases. The number of cases on FNAC in grade-V was 10 cases. In grade-VI follicular cells arranged in papillae or syncytial or monolayered epithelial cells exhibiting characteristic nuclear features were seen in 4 cases as shown in Figure 1.

**Figure 2: Bethesda grading of thyroid lesions on cell block.**

The Bethesda grading of cell block cases revealed, highest 73% cases in grade-II, 4%, 6%, 3%, 8% and 6% cases in grade-I, grade-III, grade-IV, grade-V and grade-VI respectively as showed in Figure 2. Out of 100 cases 17% cases expressed negative immuno expression and 83% cases were positive with CD117 signifying their benign status.

The results of cell block and CD117 immunostaining were compared statistically. In grade-II all 73% cases on cell block, stained positive with CD117 immunomarker, while in grade-VI all 6% cases on cell block showed negative expression of CD117 immunomarker with highly significant p-value 0.001.

Whereas out of total 6 and 8 cases diagnosed in grade-III and grade-V on cell block, revealed only five and two cases as positive on CD117 immunomarker, with p-value of 0.02 and 0.04 respectively as shown in Table 1, Figure 3 and Figure 4.

**Table 1: Comparison of CD117 with Bethesda grades on cell block.**

<table>
<thead>
<tr>
<th>Bethesda grade on cell block</th>
<th>CD117 (100 cases)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade-I</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Grade-II</td>
<td>73</td>
<td>0</td>
</tr>
<tr>
<td>Grade-III</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Grade-IV</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Grade-V</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Grade-VI</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

**Figure 3:** (A): Cell block Grade-I. Few cells in center and colloid patch, H&E x 400, (B): CD117 Grade-I. Few CD117 positive benign cells, CD117 x 400, (C): Cell block Grade-II. Benign follicles, H&E x 400, (D): CD117 Grade-II. Few CD117 positive benign follicular cells, CD117 x 400, (E): Cell block Grade-III. Atypical cells of undetermined significance, H&E x 400, (F): CD117 Grade-III. Faint CD117 positive Atypical cells of undetermined significance, CD117 x 400.
According to Bethesda grading of FNAC cases 71% patient were of grade-II in present study. Similar findings with 71% cases in grade–II are reported by Renuka et al. In grade-V and grade-VI, 8% and 6% cases were seen in present study. Similarly, Morgan et al also reported 13% and 9% cases respectively in favor of our findings.

Cell block is helpful in better diagnosis when compared with FNAC. Cell block involve the centrifugation of thyroid aspirates followed by paraffin embedding. After H&E staining, diagnosis is also made according to Bethesda grades. According to Bethesda grading of cell block, 73% cases were in grade-II in present study. Similar findings with 76.6% cases diagnosed in grade-II are reported by Ahmed et al. In grade-V and grade-VI, 8% and 6% cases respectively were seen in present study. In a study Basnet et al have reported the significance of cell blocks against the FNAC smears, with diagnostic accuracy of 100% in tumors of thyroid.

CD117 is expressed on normal lining epithelial cells of thyroid follicles and also positive over all epithelial cells of all benign nodules. But is negative or faint expression is seen in malignant cells of thyroid follicular cells. CD117 membrane reactivity does not relate with size of all benign nodules. But is negative or faint expression is seen in present study.

In present study CD117 immunostaining in all the cases with benign morphology showed positive expression. Similar results are reported by Pusztaszeri et al, with 100% positive CD117 in benign thyroid nodules. In our study 15 out of 23 cases were negative with CD117 marker indicating their suspicious and malignant morphology. Similarly regarding malignant tumors Pusztaszeri et al, reported 26 out of 35 cases with negative CD117 staining compared with cell block.

CONCLUSION

The findings of CD117 proved more sensitive and specific for differentiating and confirming the diagnosis of thyroid swellings. The data acquired and analyzed showed that; In cell block study benign lesions diagnosed were 77%, 17% cases as suspicious and 6% were malignant thyroid nodules. Whereas expression of ancillary CD117 immunomarker, confirmed 83% as benign lesions and 17% cases as malignant.

REFERENCES


