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Letter to the Editor

NIFTP: A Critical Pathologist View

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In the last two years, there has been an interesting discussion on NIFTP (Non-invasive folicular Thyroid neoplasm papillary-like nuclear features), the previous encapsulated folicular variant of papillary thyroid carcinoma (EFVPTC). The study of Nikiforov et al,[1] laid the foundations of this new discovery, which are:

a. The morphological features, i.e., the follicular growth pattern and nuclear features of papillary thyroid carcinoma (PTC);

b. Lack of invasion, which separates this tumor from invasive FVPTC;

c. Clonal origin determined by finding a driver mutation, which indicates that the lesion is biologically a neoplasm; and

d. A very low risk of adverse outcome when the tumor is non-invasive.

However, some practical pathological problems arose in relation to this new pathological entity:

1. During freezing procedure of thyroidectomy, it would be necessary to freeze the entire capsule to discard microscopic foci of invasion, that would change the classification of the lesion to FVPTC;
2. The NIFTP cannot be diagnosed only by fine needle aspiration cytology (FNAC).[2] In this case, it is necessary to correlate the observations with the imaging findings (Thyroid US with encapsulated lesion);
3. During histological processing, it is interesting to note that the lesion is fully represented, because exclusion criteria for NIFTP such as necrosis and vascular invasion may appear focally;
4. In some developing countries, it is very difficult to perform molecular testing to confirm the mutation that is leading to this lesion.

Due to the aforementioned facts, I believe that NIFTP is a diagnosis of exclusion in patients with encapsulated lesions showing papillary nuclear characteristics and follicular architecture. I also believe that further studies should be done with an attempt to characterize this new entity, definitively separating it from the follicular variant of papillary carcinoma.

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