

Necrosis (Core)

Tumour necrosis should be reported in every thyroid carcinoma since it is an essential defining criterion for poorly differentiated thyroid carcinomas (PDTC) regardless of the definition used for this entity.^{1,2} Tumour necrosis is defined as coagulative or comedo-necrosis and should be differentiated from infarct-like necrosis related to previous fine needle aspiration (FNA) or ischemic changes within the tumour. Reactive changes seen in the infarct-like necrosis such as hyalinization or fibrosis, haemorrhage, hemosiderin laden macrophages, cholesterol clefts or calcification, should be separated from comedo-necrosis or coagulative necrosis.

References

- 1 Hiltzik D, Carlson DL, Tuttle RM, Chuai S, Ishill N, Shaha A, Shah JP, Singh B and Ghossein RA (2006). Poorly differentiated thyroid carcinomas defined on the basis of mitosis and necrosis: a clinicopathologic study of 58 patients. *Cancer* 106(6):1286-1295.
- 2 Volante M, Collini P, Nikiforov YE, Sakamoto A, Kakudo K, Katoh R, Lloyd RV, LiVolsi VA, Papotti M, Sobrinho-Simoes M, Bussolati G and Rosai J (2007). Poorly differentiated thyroid carcinoma: the Turin proposal for the use of uniform diagnostic criteria and an algorithmic diagnostic approach. *Am J Surg Pathol* 31(8):1256-1264.