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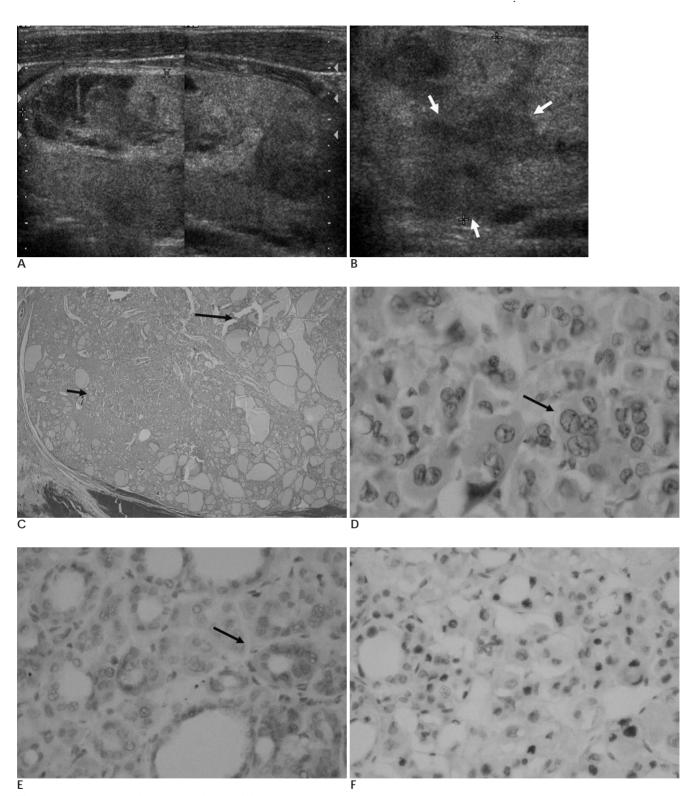


Fig. 1. A, B. On axial and longitudinal scan of thyroid US, relatively defined hypoechoic portion within the thyroid nodule $(2.9 \times 5.5 \times 7.6 \text{ cm})$ at the left lobe is observed (arrow), and this hypoechoic area was a target on US-guided fine-needle aspiration biopsy. C, D. In the low power microscopic image, the nodule shows no fibrous capsule and distended follicles (long arrow) or solid area consisted of small sized follicles (short arrow), which is a typical configuration of nodular hyperplasia (C, H & E stain, × 15). High power view of the solid area of the nodule reveals compact clusters of small follicles having enlarged ground glass nuclei, irregular nuclear margin and nuclear grooves (arrow), which are compatible findings of follicular variant of papillary thyroid carcinoma (D, H & E, × 200).

E, F. The follicular cells of solid area within the nodule display focal positive reaction for galectin-3 (arrow), and positive nuclear reaction for p53 (Immunohistochemical stain, \times 200).

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Malignant Transformation of Nodular Hyperplasia in the Thyroid: A Case Report¹

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Thyroid carcinogenesis is traditionally thought to originate 'de novo'. However, it is debatable whether a malignant transformation can possibly arise from a benign thyroid nodule, as suggested for the malignant transformation of a thyroid adenoma. To the best of our knowledge, no studies have been performed addressing the malignant transformation of nodular hyperplasia in the thyroid gland. Here, we report a case of nodular hyperplasia with focally malignant degeneration.

Index words: Focal nodular hyperplasia
Cell transformation, neoplastic
Thyroid neoplasm
Thyroid, US