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2173-5077/

Performance of the Bethesda System in the Cytopathological Diagnosis of the Thyroid Nodule☆

Rendimiento del sistema Bethesda en el diagnóstico citopatológico del nódulo tiroideo

Dear Editor,

We have read with great interest the article by Mora-Guzmán et al.[1] about the performance of the Bethesda system in the cytopathologic diagnosis of thyroid nodules. For the purpose of this study, we would like to complete the information of the authors by reporting our experience.[2] The standardization of the terminology used for the description of thyroid cytology is essential to be able to adapt the therapeutic approach with the utmost precision. In our experience, the results from thyroid fine needle aspiration (FNA) samples analyzed before implementing the Bethesda system were very low quality, so that in 27.7% of the cases there was no concordance between the results of the FNA and the definitive pathology study, with 54.5% of false negatives and 13.9% false positives in 112 patients analyzed. This represents a positive predictive value (PPV) of 57.7% and a negative predictive value (NPV) of 79.1%, which are very poor rates compared with the results obtained by Mora-Guzmán et al., who reported a NPV of 99.5% and a PPV of 93.5%.

One of the difficulties posed by the authors is the importance of the differentiation between category III and category V, although they describe results that are close to what is recommended.[3,4] With regard to category I, the scarce number obtained is noteworthy and is attributed to the fact that all FNA were ultrasound-guided and without aspiration.[5] Our results were only classified as positive or negative according to whether or not there were signs of malignancy. The FNA was negative in 76.8% and positive in 23% of the cases. In our case, ultrasound was rarely used, except in non-palpable nodules, one could think that this might also be related to the poor results obtained. We are currently awaiting a new evaluation of results after the standardization of the technique with the Bethesda system, but *a priori*, after a preliminary analysis and our clinical impression, it seems to indicate a clear improvement. In summary, we can conclude that the implementation of the Bethesda system is essential, since it is an easy and simple to use classification system that allows us to discern the risk of malignancy of a thyroid nodule with relative certainty. Nevertheless, as always, there are other factors, such as the specialist involved (in this case a cytologist), which would be difficult to measure and compare.

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DOI of original article: http://dx.doi.org/10.1016/j.cireng.2018.06.007
☆ Please cite this article as: Granel-Villach L, Fortea-Sanchis C, Laguna-Sastre JM, Escrig-Sos J. Rendimiento del sistema Bethesda en el diagnóstico cotopatológico del nódulo tiroideo. Cir Esp. 2018;96:599–600.

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2173-5077/

Bands, Adhesions or Synechia?☆

¿Bridas, adherencias o sinequias?

The terms *band* and *adhesion*, used interchangeably in the surgical field, create confusion. The precise use of language is fundamental for teaching and the development of our profession and science. The purpose of this paper is to discuss their correct usage. The Spanish word for *band* is *brida* (band) is taken from the French *bride*, and in turn from the Germanism *bridel* (''*brit'l*'' or ''*brîtil*''). In contrast, *adhesion* comes from the late Latin ''*adhaerentia*'' [ad ''next to''+haerē (re) ''adhere''+-ntiam ''action of'']. *Synechia* has its exclusive origin in ancient Greek [sýn σ?ν gr. ''with'', ''union''+ekh- έχω gr. ''to have'', ''to be in touch''+-e-ia]: synekheia (συνέχεια). The latter is, therefore, the most archaic term of the 3.[1–3] A *band* is a vascularized fibrous tissue that joins serous organic surfaces covered by epithelia (peritoneum). Its formation is a consequence of fibrin organized in the form of fibrous connective tissue. It facilitates the adhesion between the structures covered by a serous membrane that, under normal conditions, are not adhered.[1]

An *adhesion* is the physical union or sticking; the quality of being adherent. It is the abnormal or pathological union between two anatomical structures that are normally separated. It is a more generic term.[1] *Synechia* is the existence of continuity between two structures, and the adherence between their proximal parts.[1] It is, therefore, even more generic and would encompass the previous 2 terms. The Spanish term for band, *brida* (bridle), is borrowed from equitation. It refers to the set of leather bands and straps that hold the bit, whose aim is to control and stop the horse. In medical usage, the term appeared in the translations of the book *Aphorisms of Hippocrates*. In Spanish, was first used in 1293[4,5] to refer to the membranous filaments that form in wounds and abscesses, hence the term *to debride*: ''undo the bridles''.[3] Special mention should be made of the *angiomesenteric* or *Harris band*: it is a peritoneal fold extending from the gallbladder and the cystic duct, crossing the anterior side of the duodenum.[2]

The term *adhesion* refers to the adherence, fixation or physical and pathological union between 2 elements.[1,2] The term *adherencia* appears used in Spanish for the first time in 1340.[3,5] Its use is therefore more generic and later, although we can see it in very specific terms such as: *adherencia ática* which is the adhesion around the gallbladder and pyloric region; or *adherencia epitelial* between the gums and teeth.[2,3,5] *Synechia* is a term borrowed from the railroad as synonymous with the splice bar or fishplate, which is the link between the rail sections. In plumbing, it is the connecting element between pipes. It was widely introduced in the medical language by contributions with the French *synéchie* in 1808. Currently, its use is applied to *synechiae of the iris*, either between the iris and the cornea (anterior) or the iris and lens (posterior). The terms *vulval synechia*, *uterine synechia* or *balanopreputial synechia* are also used. There is also *nasal synechia*, referring to the adhesion between the walls of the nasal fossa.[2] In short, although the 3 are complementary terms and synonyms in their daily use, we can conclude by saying that *bands* are the denomination for peritoneal adhesions, the latter being an anomalous type of synechia. The surgical act of dividing the bands is called *band ablation/lysis*. This is because the most frequently used term for them is *bands*. However, if we call them *adhesions*, the appropriate terms are *adhesiotomy, adhesiolis* or *enterolysis*. On the other hand, if we call them *synechiae*, the appropriate term would be *synechotomy*.[2,3] From a linguistic and normative standpoint, we should use the term *band* to designate an adhesion that causes bowel obstruction, reserving the term *adhesion* to describe the phenomenon of abnormal union between peritoneal surfa-

☆ Please cite this article as: Mateu Calabuig G. ¿Bridas, adherencias o sinequias? Cir Esp. 2018;96:600–601.