

DISCUSSION:

Cribriform morular variant of PTC (CMV-PTC) is a rare morphologic entity having a prevalence of 0.16% among all PTCs. It was first described by Harach et al in association with familial adenomatous polyposis (FAP).

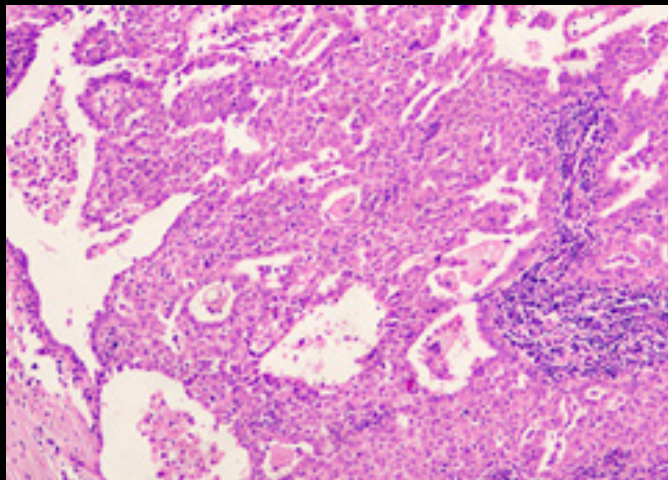
This variant is more common in young females and carries a better prognosis.

The cribriform and morular features make this a separate entity which could be mistaken for a high grade aggressive thyroid neoplasm. However, lack of nuclear atypia, mitosis and necrosis help in excluding the diagnosis of a poorly differentiated thyroid carcinoma.

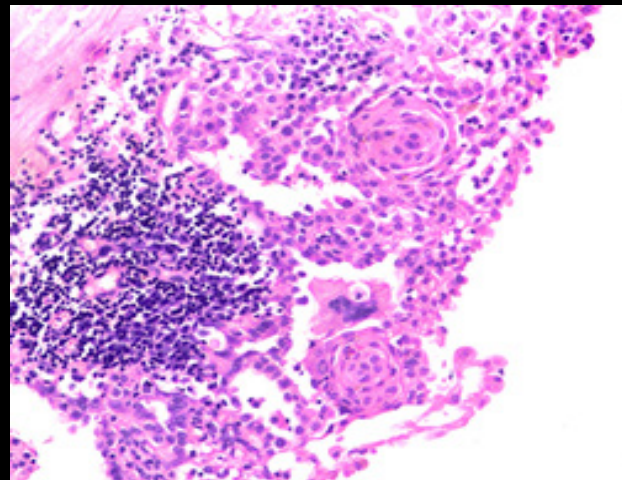
The presence of morules is a clue to the diagnosis which resemble squamous metaplasia, but lack intercellular bridges, keratinization and show nuclear clearing due to deposition of biotin containing inclusions.

Behaviour of CMV-PTC is similar to conventional PTC including frequent occurrence of cervical metastasis. It has a good long term prognosis with a five year survival rate of over 90% and 20 year survival rate of 77%.

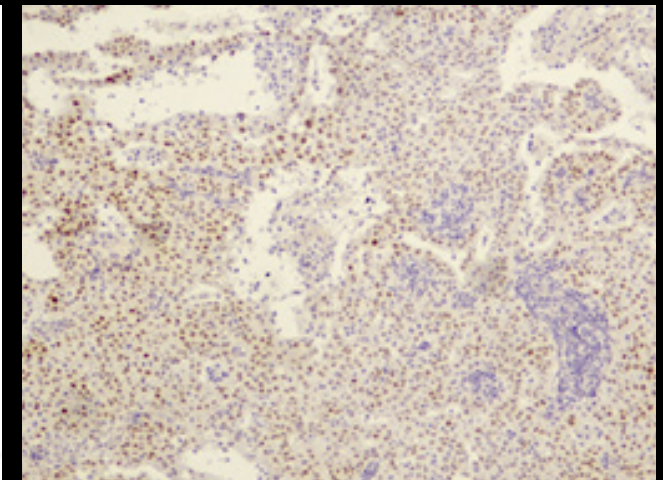
Pictomicrographs:



Cribriform growth pattern (H&E, X200)



Characteristic whorls of cells forming morules (H&E, X400)



Non-morular cells showing immunoreactivity for TTF1 (X100)