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Letter to the Editor

Rendition on the impact of criteria for aspirates, needle size, preparation modalities of cytopathology, and edition of decision-making lexicons on divergent areas in Thyroidology

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To the Editor,

A *Deucalione*, thyroid gland disorders, and therapeutic options remain significant in human beings. We read with respect to the research article, entitled: 'Comparison of thyroid surgery experiences of "East" and "West" regions in Turkiye'. This beneficial research seems to demand determining the discrepancies in Thyroidology practice between the meridional edges of Turkiye [1]. Zarbaliyev et al. [1] declared the differences between western and eastern Turkiye in thyroidectomy preferences. The authors also stated the significant differences in the Bethesda System for Reporting Thyroid Cytopathology (TBSRTC) data of thyroid fine-needle aspiration (FNA) for the aforementioned nodules in both geographic areas, published in 9th Volume of Northern Clinics of Istanbul. They emphasized, in particular, significantly high rates of Category I, TBSRTC for eastern Turkiye. Nevertheless, the optimal needle size for an optimal and accurate evaluation of thyroid FNA cytology has not been established distinctly and conclusively in Thyroidology to date. Debate is still ongoing on the accuracy of needle size, *per se*, involving a broad range from 21- to 27-gauges, globally, for Thyroidologists. Some authors have declared that not many finer needles lead to less non-diagnostic cytologic results. However, we suggested utilizing a 27-gauge fine-needle in the practice of US-guided FNA procedure for suspicious thyroid nodules with reasonably low rates of non-diagnostic cytology, Category I, TBSRTC, and probably low severity of pain [2–5]. A full appreciation of needle size is dependent on a thorough understanding of its accuracy in the regulation of cytologic diagnoses in Thyroidology. Nevertheless, used needle sizes in both geographic regions in Zarbaliyev et al. [1]'s study has not been recognized. Of note, does the difference, particularly a significant diversion, in the numerical values of gauges for the used needles alter the outcomes of the study? Another point to consider is, which edition of TBSRTC had been utilized in order to evaluating FNA cytology in both regions throughout the study. Furthermore, the used criteria for the decision of the FNA procedure for the nodules have not been notified. Last but not least, which technical modality for cytologic preparation for cytopathologic examination had been applied to the aspirates, such as liquid-base cytology, or conventional cytology? As such, does it affect the evaluation of the relevant parameters of the mentioned study? As a matter of fact this issue merits further investigation. We thank Zarbaliyev et al. [1] for their valuable study.

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