



CORRIGENDUM

Corrigendum to Malignant teratomas of the thyroid gland: clinico-radiologic and cytomorphologic features of a rare entity *J Am Soc Cytopathol.* 2020 Jul-Aug;9(4):221-231

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The authors regret the typographical errors that appeared in the original publication.

Page 223 (Table 1), Column 1 - corrected to “FNA/Patient Number”, “1/1”, “2/1”, “3/2”, “4/3”, “5/4”, “6-9/5”

Page 224 (Table 2), Column 1 - corrected to “FNA/Patient Number”, “1/1”, “2/1”, “3/2”, “4/3”, “5/4”, “6-9/5”

Page 226, column 2, para 1, line 2 - corrected to “suggested”

Page 226, column 2, line 2 – corrected to “cell”

Page 227, Figure 4 – Legend is corrected to “Malignant thyroid gland teratoma, FNA #3: Hypercellular smears displaying primitive small round blue cells in a more cohesive architecture. Absence of colloid or amyloid in the background was an important feature across all examined slides. However, due to the immunostaining with synaptophysin and CD56, and negativity for calcitonin and chromogranin, a diagnosis of neuroendocrine tumor was suggested with a differential including insular and medullary carcinoma. On resection, these cells likely comprise the

primitive neural component. Papanicolaou and Diff Quik, low-to intermediate-magnification.”

Page 227, Column 1, line 4, corrected to “Patient 1 (FNA 1 & 2)”

Page 228, Figure 5 – Legend is corrected to “Malignant thyroid gland teratoma, Thyroidectomies (A&B-Patient #1; C&D-Patient #2): Some malignant thyroid teratomas show a paucity of immature neural tissue and are instead composed of pleomorphic spindled and primitive epithelial cells (A, B). Vascular invasion (not shown) can be readily identifiable in these aggressive primitive tumors. Primitive epithelial proliferations (C) in complex architectures and immature cytology are often found closely associated with primitive spindled cells and immature cartilage. Rosettes were focally present in this specimen, which would be INSM-1 immunoreactive (D) (H&E, low and intermediate magnification).”

Page 227, Figure 6 – Legend is corrected to “Representative radiographic and gross images, metastatic thyroid teratoma (Patient described in FNA #1 and FNA #2): In one of the cases, the patient presented with a TIRAD-5, solid, hypoechoic nodule with lobulated margins, no echogenic foci, taller than wide, 1.7 cm thyroid nodule on

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ultrasonography (A). The diagnosis of AUS led to a hemithyroidectomy where a 1.7 cm tan-pink solid mass was identified in the inferior pole (B). Six months after surgery, this patient was found to have wide-spread axial skeleton metastases (C, E) which were strongly FDG-avid on PET scan (D). Ultrasound, computed tomography, positron emission tomography.”

Page 229, Figure 7 – Legend corrected to “Metastatic thyroid teratoma, iliac crest FNA #2: Hypercellular smears show predominantly a population of small round blue cells, seen in a dyscohesive single cell pattern. Higher

magnification shows fine nuclear chromatin. On immunostaining, the primitive neural components were positive for synaptophysin and INSM-1. Papanicolaou and Diff Quik, low-to intermediate-magnification.”

Page 229, column 1, para 1, line 13-14 – corrected to “adenosarcoma”

Page 229, column 1, para 3, line 6 – corrected to “define”

Page 230, Table 3, column 1 – corrected to “thyroiditis” and “cribriform-morular”

Page 230, Table 3, column 2 – corrected to “Calcitonin”