New Radiological Staging In Management of Thyroid Nodules

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ABSTRACT

The use of ultrasound has greatly increased the detection of thyroid nodules, in particular, smaller nodules which are impalpable during clinical examination. Although the incidence of thyroid cancer appears to be increasing, there is a lack of information about the staging and management of thyroid nodules. This study aimed to address this issue. We prospectively examined all thyroid nodules in patients who presented with thyroid nodules between January 2007 and March 2009 and staged them according to their RAD group as summarised below. The FNAC and final histopathology of the resected thyroid nodules were noted and compared with the final histopathology of the resected thyroid nodules.

METHODS AND MATERIALS

We have a prospective study. All patients included in the study had undergone a thorough staging evaluation that included a fine needle aspiration biopsy, CT scan of the neck, calcitonin, total thyroglobulin, serum calcitonin, and a minimal of central compartment neck dissection. All patients had either a hemi or total thyroidectomy performed between January 2007 and March 2009. Case notes were reviewed to identify the final histopathology of the resected thyroid nodules.

RESULTS

1. **Thyroid nodules are present in about 1% of the USA and 7% of the world population.** The incidence of thyroid cancer appears to be increasing, with a reported incidence of 3-5% for thyroid nodules.

2. **Radiological staging (RAD)** is used in the diagnosis of thyroid nodules. Classification of thyroid nodules is that it is operator dependant. In this study we had a Consultant Head and Neck Radiologist who was able to perform all ultrasounds in this series. However, not all ENT departments may have access to this.

3. **RAD classification helps to standardise the management of thyroid nodules and guide which nodules should have FNAC. We propose that FNAC is not required for RAD 1 and 2, thus avoiding unnecessary FNAC. RAD 4 and 5 are strong indicators of malignancy.**

4. **Use of ultrasound has greatly increased the detection of thyroid nodules, in particular, smaller nodules which are impalpable during clinical examination.**

5. **RAD classification helps to standardise the management of thyroid nodules and guide which nodules should have FNAC. We propose that FNAC is not required for RAD 1 and 2, thus avoiding unnecessary FNAC. RAD 4 and 5 are strong indicators of malignancy.**

**REFERENCES**


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