Management of Thyroid Nodules During Pregnancy

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Hormonal imbalance has an association direct with pathology in the thyroid gland. A pregnancy is no exception, leading to a stimulatory effect on the growth of this important gland. Different studies have verified the association between pregnancy and an increase in the size of pre-existing thyroid nodules. There is also a increased number of nodules and a predisposition that in the future women may develop goiter multinodular. (1,2)

Evaluation

Evaluation of thyroid nodules in the pregnancy is the same as when there is no pregnancy, except for being contraindicated radiological studies with substances radioactive in pregnant women.

For this reason, the ultrasound coupled with the levels serum thyroid hormones T3, T4 and especially to the stimulating hormone thyroid (TSH) are the recommended studies in this population. Biopsy by Fine needle aspiration (FNA) is recommended in pregnant women with nodules greater than 1 cm3.

Pregnancy and the risk of thyroid cancer

Differentiated papillary carcinoma (CPD) occupies the second place among diagnosed malignancies during pregnancy, with a prevalence of 14 per 100 0004. Some studies suggest a relationship between estrogen, human gonadotropic hormone, and thyroid cancer predisposition. However, other studies do not show an association with malignancy but a growth of benign nodules. For this reason, the association with malignancy is controversial.
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Suggestions from the American Society of Thyroid (SAT)

When thyroid cancer is diagnosed, the treatment and management according to the type of cancer. The exposed figure summarizes the SAT recommendations for the management of CPD during pregnancy3. For well differentiated thyroid carcinoma, guidelines suggest waiting for the pregnancy to end. If done surgery, it is recommended that it be done after the second trimester because there is less fetal or maternal risk5. Even

retrospective studies show that a delay of less than one year in treatment does not have a adverse effect in the patient 5,6.

Conclution

Among the thyroid malignancies in pregnancy, the most common is CPD and in most cases surgery can be postponed until after delivery. However, these cases must be handled with a team multidisciplinary doctor, establishing a plan of follow-up in consensus with the patient and the health care.

References

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