Thyroid nodules: Guides directed towards conservative management

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Figures on Thyroid Nodules

The prevalence of palpable thyroid nodules in locations where there is an adequate supply of odine in the diet is 5% in women and 1% in men. However, with the use of high-resolution ultrasound, thyroid nodules can be detected in 19 up to 68% of individuals selected in a way random, these being more frequent in women.

Although an increase of 3 to 15 times in the detection of thyroid carcinoma, the increase has been 4% per year between 2004 and 2015; about 90% of this increase is due to use of ultrasound (US) and computed tomography (CT). Mortality associated with carcinoma of thyroid is still low. There are several factors that influence the tumor survival rate; among the most significant are its classification and its stage clinical. In well-differentiated tumors, the level of 5-year survival approaches 98% and deaths associated with thyroid cancer are 0.5 / 10,000.

Overdiagnosis and Questioning

All of this leads us to wonder if we are overdiagnosing thyroid tumors. In addition, it must take into account potential associated problems overdiagnosis such as: unnecessary interventions, complications associated with surgery, as well as the financial and emotional effects associated with a cancer diagnosis. In the United States, radiologists and clinicians have begun an effort to counter the effects of overdiagnosing thyroid cancer by establishing the United States Preventive Service Task Force. They recommend that I don't know examine asymptomatic adults.

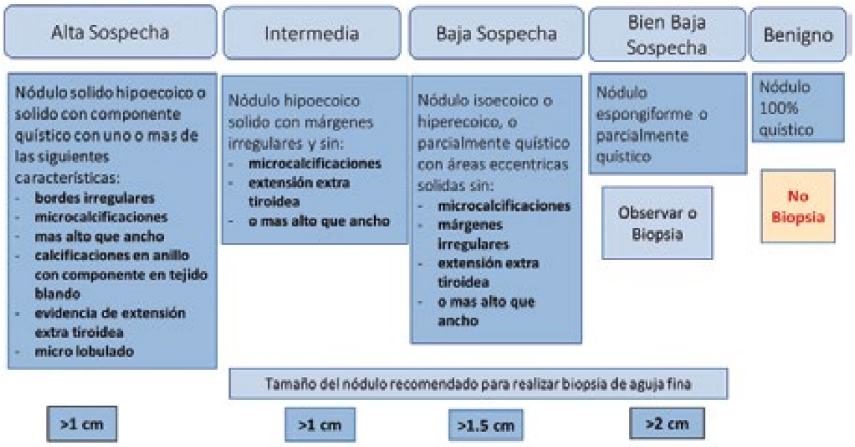
Guides for Nodule Management

The American Thyroid Society (SAT) published new guidelines for the management of thyroid nodules using the risk pattern associated with sonographic findings, and thus not only use as criterion the size of the nodule (Figure 1). The findings sonograms are stratified into patterns based on risk of malignancy. Basically not recommended in all nodules larger than 1 cm a biopsy by fine needle aspiration and in most nodules less than 1 cm, no biopsy is required. Thus, it could be considered to biopsy nodules smaller than 1cm in patients with a family history of thyroid cancer and with high-risk sonographic characteristics such as: mostly diffuse or ring microcalcifications, nodules taller than wide or with acoustic shadowing later.

Commentary

In times when health costs increase and / or Limitations arise with medical plans, the use of guides such as those of the SAT can help us to effectively direct the management of these patients.

Figure 1: Summary of nodule size criteria and sonographic characteristics to justify the realization of a fine needle aspiration biopsy guided by ultrasound (as established by the American Society
Thyroid).


Alta Sospecha
Intermedia
Baja Sospecha
Bien Baja Sospecha
Benigno
Nódulo solido hipoecoico o solido con componente quístico con uno o mas de las siguientes características:
- bordes irregulares
- microcalcificaciones
- mas alto que ancho
- calcificaciones en anillo con componente en tejido blando
- evidencia de extensión extra tiroidea
- micro lobulado
Nódulo hipoecoico solido con márgenes irregulares y sin:
- microcalcificaciones
- extensión extra tiroidea
- o mas alto que ancho
Nódulo isoecoico o hiperecoico, o parcialmente quístico con áreas eccentricas solidas sin:
- microcalcificaciones
- márgenes irregulares
- extensión extra tiroidea
- o mas alto que ancho
Nódulo espongiforme o parcialmente quístico
Observar o Biopsia
Nódulo 100% quístico
No Biopsia
Tamaño del nódulo recomendado para realizar biopsia de aguja fina
>1 cm
>1 cm
>1.5 cm
>2 cm