

Thyroid Nodules:

A Common Condition Clarified

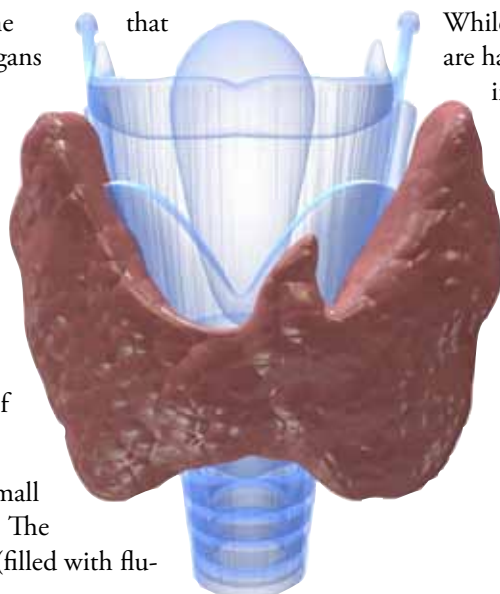
By Alexander L. Ramirez, MD

More than half of all adults have a little nodule in their thyroid gland. Most go unnoticed and are harmless, however, a few grow large enough to detect and require medical care.

The thyroid is a butterfly-shaped gland that sits below the thyroid cartilage—the Adam's apple. It produces a hormone that affects many of the other organs and functions of the body. In some people, the gland either produces too much hormone (hyperthyroidism), or produces too little (hypothyroidism). These difficulties usually stem from other issues, with nodules only contributing to the problem 10 percent of the time.

Thyroid nodules are like a small marble in the thyroid gland. The nodule may be solid, cystic (filled with flu-

id), or a combination of both. While 50 percent of adults have a nodule, most are so small that only an ultrasound can detect them. About five percent of healthy people have thyroid nodules obvious enough for their doctor to diagnose with a routine examination.



While most detected nodules are harmless, the challenge lies in efficiently finding and treating the few that are cancer. Fortunately, thyroid cancer treatments are excellent, curing the vast majority of cases.

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IDENTIFYING THE NODULES WITH CANCER

Once a thyroid nodule appears, evaluating and managing it involves a team of physicians, including a primary care doctor, endocrinologist, radiologist, pathologist, and often a surgeon. Initially, the team will order an ultrasound to evaluate the size and type of nodule. This is like taking a picture of the nodule, allowing a radiologist to identify visual characteristics that may be suspicious for cancer.

If the visual findings concern the doctors or require further evaluation, the next step is a fine-needle biopsy. This is a very easy procedure where a small needle takes a sample of the nodule, usually with ultrasound guidance. It is about as intense as getting a shot, and patients tolerate the procedure well.

A special cyto-pathologist or a skilled ultrasound radiologist often performs the fine-needle biopsy. The tissue they retrieve is analyzed under the microscope to look for signs of cancer. Again, remember that the vast majority of these nodules are not cancer.



If necessary, a cyto-pathologist performs a fine-needle biopsy and analyzes the tissue under a microscope to look for signs of cancer.

SURGERY: WHEN THE DOCTORS NEED A CLOSER LOOK

Approximately 30 percent of biopsies do not provide enough information to make an accurate judgment, distinguishing if cancer is present or not. These cases require surgery, removing the nodule completely for an absolute diagnosis.

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big proposal with very serious complications and long hospital stays. Now the procedure is much easier because of current techniques, modern equipment, and skilled surgeons.

Today, most surgeons perform thyroid nodule removals in about an hour through a small one to three centimeter incision. Most surgeries occur in the outpatient setting with the majority of patients going home the same day or after a short overnight hospital stay. Patients typi-

cally eat, drink, walk, and talk normally by the day after surgery, and pain is usually minimal. The scar, which is small to start with, fades to almost undetectable after a few months.

It is important to select a surgeon specifically trained to deal with the complex nature of thyroid surgery. Otolaryngologists—also called ear, nose, and throat (ENT) specialists—are head and neck surgeons who perform many of these procedures. In addition, there are general surgeons with experience in endocrine surgery.

The mere suggestion of cancer is daunting; however, the risk of cancer with thyroid nodules is remote. Evaluating and treating them is usually efficient and well-tolerated. In the end, the vast majority of thyroid nodules are not cancer.

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