

World Congress on
DIABETES AND ENDOCRINOLOGY
August 22-23, 2018 Rome, Italy

What is the current approach to thyroid nodules?

Kenan Cadirci¹ and Havva Keskin²

¹Erzurum Regional Training and Research Hospital, Turkey

²Istanbul Medeniyet University, Turkey

Thyroid nodules are ovoid or spherical lesions with different radiological and consistency characteristics from surrounding normal thyroid tissue. They are the most common disease of the thyroid and their frequency increases with age. Iodine deficiency is the most common cause of the nodule formation. Etiology of thyroid nodules has a wide range from a simple benign nodular goiter to primer and secondary malignancies. Etiology of thyroid nodules has a wide range from a simple benign nodular goiter to primer and secondary malignancies. The most important aspect of a nodule for a clinician is the elimination of cancer suspicion by evaluating the likelihood of cancer. The prominence of thyroid nodules starts at this point. Every thyroid nodule must be evaluated in terms of malignancy and absolutely must be followed at certain intervals. When a nodule is detected by physical examination or radiological examination, it is necessary for the patient to be questioned regarding their thyroid cancer risk factors such as family history of thyroid cancer and radiation application story regarding the whole body, especially the head and neck region. Alarming findings in a patient with thyroid nodule include having a thyroid cancer positive family story, head and neck radiation receiving story, childhood thyroid nodules and permanent dysphonia, dysphagia or dyspnea. Serum TSH measurement also should be evaluated in all patients with thyroid nodules detected. The TSH result is an important criterion for approaching the patient who has the nodule. Thyroid USG is the key test for thyroid nodule evaluation. USG is an easily accessible, non-invasive and cost-effective test. With thyroid USG, we can obtain many data such as nodule size, cystic-solid characteristic, calcification characteristics, settlement, echogenicity, edge organization, halo existence and blood circulation characteristics. Thyroid scintigraphy should be performed if TSH is suppressed in patient. Certainly, thyroid Fine Needle Aspiration biopsy (FNA) is the gold standard test for the discrimination of the nodule from benign. There are the different approaches and different guidelines about which patient has to undergo FNA.

Biography

He was born in 1980 at Erzurum, Turkey. He attended from Ataturk University Medical School, in 1999-2005. He has completed the internal medicine residency at the same institute between 2005 - 2010. Dr Cadirci is working at Saglik Bilimleri University Regional Training and Research Hospital Erzurum, Turkey.

doktorcadirci@hotmail.com

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