

Incidentally Discovered Thyroid Nodules: Rational Diagnostic Management

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Dr. Fassi, Dr. Carrizo, Dr. Bosco, Dr. Jaen, and Dr. Russo Picasso confront us in this issue of the Journal with a situation arising from the most recent diagnostic practices, which are not always rational and cost-effective. Traditionally, the prevalence of thyroid nodules was relatively low until cervical ultrasound began to be used, not only for other diagnostic purposes in the neck, such as carotid screening but also included in routine “check-ups” without any evidence to justify it.

This increase led to the prevalence of thyroid nodules rising from 33% to 68%, as reported by the authors. However, most thyroid nodules are benign and often do not require treatment. It is important to note that, even with carcinomas, most of them are low-risk variants.

This new landscape of incidentally discovered thyroid nodules highlighted the need to improve the diagnostic accuracy of ultrasound-guided fine-needle aspiration to screen which patients need treatment. In expert hands, this method has high diagnostic accuracy and a low false-negative rate.

Our institution is known for excellent multidisciplinary work in all areas. The evaluation, diagnosis, and treatment of thyroid nodular disease, where professionals from endocrinology, diagnostic imaging, pathology, and head and neck surgery address the issue comprehensively, is no exception.

In this article, the authors analyze a retrospective cohort of 536 patients over five years, with an initial benign thyroid biopsy (Bethesda II) followed for an average of

54 months. In this population, the overall prevalence of thyroid cancer was 3%, but only 2% was due to a positive malignancy biopsy after an initial benign result. These excellent results are not unexpected in a solid group, where a single pathologist was responsible for all cytological and histopathological evaluations.

The authors conclude that ultrasound-guided fine-needle aspiration is essential as the initial study of a thyroid nodule, but follow-up does not require routine repeat biopsies. Instead, ultrasound monitoring is sufficient, allowing for re-puncture only in the event of morphological or vascular changes.

This study supports the current international recommendations with its conclusions based on our population.

Conflicts of interest: the author declares no conflicts of interest.

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