SOLITARY THYROID NODULE – ALGORITHMS FOR DIAGNOSIS AND PRINCIPLES OF TREATMENT

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INTRODUCTION

A solitary thyroid nodule is a common clinical finding, being sometimes an elusive aspect of thyroid pathology. The disease represents also a risk for thyroid carcinoma.

There is no commonly recognised algorithm for diagnosis and even the treatment remains more or less controversial.

PREVALENCE OF THE DISEASE

Clinically, the disease is ascertained in 4-7% of adult subjects.1,2

High resolution ultrasonography (US), systematically performed, shows that nodules in the thyroid are very prevalent (ranging from 17-17% - 67% in a given population), even when the gland is normal to palpation.1,4

NATURAL HISTORY

The natural history of the solitary thyroid nodule is poorly understood and is difficult to predict in a given case with respect to functional activity and growth tendency.

In the same time, it is not easy to discern between the patients who need monitorization without treatment and those who must be treated before the goiter growth.5

In a Japanese study, 140 patients with thyroid nodules not treated, were re-evaluated 15 years later.6 The nodular behaviour showed a large heterogeneity. (Table 1)