

Yes, they said I have a thyroid nodule too!

Jeannette Guerrasio, MD

One of the benefits of having an executive physical is that you learn about early sign of disease or even early diseases that can be treated before they become a bigger problem. The downside of more thorough physicals is that they are more likely to find abnormalities that require additional testing, most of which, were never going to cause you problem. The best example of this is the thyroid nodule. Depending on your age, many of our patients get ultrasounds of their carotid arteries, which do predict real disease risk. That test also look at the thyroid. While we occasional do find early unexpected thyroid cancers, that can be removed before they spread and require more complicated and difficult treatment, most of the time we find harmless thyroid nodules.

Once the nodule if found, first we have to tell you. Now this, of course, is obvious. But, we know that although the nodule is most likely benign and not cancerous, the news is stressful and anxiety provoking. I wish we could make that part easier. It might help to know, that those at higher risk for cancer, are people under 30, those who have had radiation to the head and neck, and those with a family history of thyroid cancer.

If your thyroid function tests are normal or the TSH is elevated (hypothyroidism), an ultrasound that is specifically dedicated to the thyroid is needed to more closely measure and look at the nodules. The radiologist then uses images, the exact location, and the size of the nodule to determine next steps. The options are: (1) no follow-up needed; (2) Follow-up with repeat ultrasound to make sure it doesn't change or get bigger; (3) Biopsy the nodule.

If your thyroid function test, specifically the TSH is low, nuclear scan would be the next step. Honestly, I don't think we have seen one of those yet.

If a biopsy is required, it is done by a surgeon or an endocrinologist in the office. They use ultrasound to guide the fine needle to ensure that they are biopsying the correct area. Benign nodules can be follow-up with out surgery and can be caused by a large grouping of cells (adenoma/hyperastic module), a benign tumor (adenoma), a goiter, or Hashimoto's thyroiditis. The rare nodule that is suspicious for cancer should be surgically removed and sent to pathology for confirmation of the diagnosis. Once confirmed, surgery is often sufficient. If not, patients are also treated with radioactive iodine. This is not pleasant as you have to live for a while with no thyroid hormone prior to treatment, but it is not as bad as getting chemotherapy.