Thyroid nodule management: getting the Right side

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We present a 36 year old Emirati lady with a history of goiter which she had had for several years. Upon presentation to her local hospital in Dubai in 2009 she was euthyroid and had no other complaints apart from her neck swelling. Thyroid ultrasound showed two nodules measuring 18 and 15 mm in maximal diameter in the right and left lobes respectively. Cystic degeneration was noted in the right sided nodule; the left sided nodule showed some calcification.

A previous fine needle aspiration (FNA) in 2004 had shown no evidence of malignancy. She was not seen for several months. By this time her thyroid nodules had increased in size. The right sided lesion was complex and measured 32.6 mm in maximal diameter. The left sided nodule measured 24 mm in maximal diameter. She was on thyroxine and since her TSH was below normal range this was discontinued. She was referred to the local Clinical Cytopathologist ; FNA of the right and if possible the left sided nodule was requested. FNA of the dominant nodule in the right lobe was performed and was reported as “benign nodular goitre”.

The nodules continued to increase in size and in view of this, thyroidectomy was recommended. The patient presented herself to a surgeon in another country in the region in August 2010. A right hemithyroidectomy was performed. The patient was discharged after 1 day to her hotel. There were no written reports on histopathology but the patient was told the lesion was benign.

Although the left sided nodule did not change significantly in size, during continued follow-up she was referred for FNA of the remaining nodule in the left lobe which measured 25 mm in diameter by this time. This was reported as papillary carcinoma. Completion thyroidectomy was advised and was performed in London. She has had post-operative radioiodine and is currently on thyroxine treatment. She is well with no evidence of recurrence.

This case highlights important issues in the management of patients with thyroid nodules:

1/ In cases of multiple nodules FNA of the largest nodule alone may be a risky strategy.

2/ Close liaison between the Endocrinologist, Cytopathologist and the Surgeon is essential.

3/ Choice and extent of thyroid surgery should be made carefully and on the basis of available information.