EnM
Endocrinology and Metabolism

Letter

Endocrinol Metab 2013;28:241-242
http://dx.doi.org/10.3803/EnM.2013.28.3.241
pISSN 2093-596X · eISSN 2093-5978

Natural Course of Cytologically Benign Thyroid Nodules: Observation of Ultrasonographic Changes
(*Endocrinol Metab* 2013;28:110-8, Dong Jun Lim et al.)

Sun Wook Cho

Department of Internal Medicine, National Medical Center, Seoul, Korea

With increased health screening and the development of high-resolution ultrasound (US) techniques, thyroid nodules are commonly seen in clinical practice. When a patient presents with a thyroid nodule, the primary concern is whether it is benign or malignant. After ruling out malignancy with fine needle aspiration (FNA), which is typically performed with ultrasonographic guidance, the next concern is appropriate follow-up [1]. Although diagnostic strategies for detecting malignant nodules have been intensively investigated, follow-up strategies for benign thyroid nodules remain unclear.

Lim et al. [2] demonstrated the natural course of benign thyroid nodules by investigating a total of 202 nodules over a mean follow-up period of 22 months. Of these, 20.8% showed changes on US: nodule volume increased in 11.8% and decreased in 8.3%. Specific US findings or the number of FNAs could not predict increases in nodule volume; however, younger diagnostic age was significantly associated with it. Based on these data, the authors concluded that frequent follow-up should be considered in only a small number of cases with suspicious US findings, and that, in particular, frequent re-evaluation with US is rarely needed in elderly patients. This is a valuable finding in terms of developing an appropriate follow-up strategy for benign thyroid nodules. An additional interesting finding of this study was the impact of frequent FNA on the size or morphologic change of thyroid nodules. There is an on-going debate about whether frequent FNA changes the texture of thyroid nodules [3]; Lim et al. [2] demonstrated that FNA partially changed the cystic nature of nodules, but did not affect their size, suggesting that the procedure has minimal impacts on thyroid nodules [2].

Since socioeconomic budgets for managing thyroid nodules have grown with corresponding increases in the clinical detection of nodules, establishing an evidence-based follow-up strategy for benign thyroid nodules is an urgent task in this field. Further large-scaled prospective studies on this topic are needed.

CONFLICTS OF INTEREST

No potential conflict of interest relevant to this article was reported.

REFERENCES

1. American Thyroid Association (ATA) Guidelines Taskforce on Thyroid Nodules and Differentiated Thyroid Cancer, Cooper DS, Doherty GM, Haugen BR, Kloos RT, Lee SL, Mandel SJ, Mazzaferri EL, McIver B, Pacini F, Schlumberger M, Sherman SI, Steward DL, Tuttle RM. Revised American Thyroid Association management guidelines for

Corresponding author: Sun Wook Cho
Department of Internal Medicine, National Medical Center, 245 Eulji-ro, Jung-gu, Seoul 100-799, Korea
Tel: +82-2-2276-2305, **Fax:** +82-2-2269-0750, **E-mail:** swchomd@gmail.com

patients with thyroid nodules and differentiated thyroid cancer. Thyroid 2009;19:1167-214.
2. Lim DJ, Kim JY, Baek KH, Kim MK, Park WC, Lee JM, Kang MI, Cha BY. Natural course of cytologically benign thyroid nodules: observation of ultrasonographic changes. Endocrinol Metab 2013;28:110-8.
3. Gordon DL, Flisak M, Fisher SG. Changes in thyroid nodule volume caused by fine-needle aspiration: a factor complicating the interpretation of the effect of thyrotropin suppression on nodule size. J Clin Endocrinol Metab 1999;84:4566-9.