

CLINICAL, IMAGING AND CYTOLOGICAL DIFFERENCES BETWEEN PALPABLE

AND NON-PALPABLE THYROID NODULES

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Introduction

The prevalence of palpable nodules varies between 3-7% and nodules diagnosed by ultrasonography between 20-76%. According to the American Thyroid Association's guidelines it isn't recommended to perform routine thyroid ultrasound for thyroid nodules diagnosis, unless they are palpable or there are any risk factors

Objective

To evaluate sonographic and cytological differences between palpable and non-palpable thyroid nodules

Methods

Evaluation of patients referred to perform Fine Needle aspiration Cytology (FNAC) in an Endocrinology department. Clinical evaluation was performed by the same doctor without access to clinical or ultrasound information, characterizing if they had palpable nodules and where they were located. Ultrasound and FNAC were made after clinician evaluation.

Results

186 Nodules of 139 patients

85,6% female

43% were palpable nodules

19 nodules didn't perform FNAC, because

didn't met criteria

Figure 1: Patient's and nodules caracterization

	Total (%)	Non- palpable	Palpable	P value
Non diagnostic	6,5%	9	2	0.122
Benign	81,4%	73	59	0.043
FLUS	8,9%	8	7	0.133
Folicular neoplasm	1,2%	0	2	0.163
Suspicious for malignancy	1,2%	1	1	0.284
Malignancy	0,6%	0	1	0.367

	Non-Palpable	Palpable	P value
Sex F (n)	68 (80)	89 (106)	0,325
Age (years)	57,44	57,86	0,451
Location			
Superior	18	62	0,034
Middle	21	16	0,256
Inferior	41	28	0,03
Localização			
- Anterior	37	73	0,087
Size (mm)	16,94	23,36	0,032
Characteristics			
- Solid	16	16	0,214
- Mixed	52	67	0,256
- Cyst	12	23	0,162
Hypoechoic	61	84	0,436
Isoechoic	8	14	0,276
Hyperechoic	11	13	0,384
infiltrative margins	16	23	0,462
microcalcifications	7	12	0,385

Table 1: Sonographic characterization of palpable and non-palpable nodules

Table 2: FNAC differences between non-palpable and palpable nodules

Discussion/Conclusion

The palpable nodules were only 43% of nodules observed by ultrasound. They were larger and were located more superiorly. Non-palpable nodules were more frequent benign cytological results (statistically significantly), however malignancy rate between the two types of lesions was similar despite the limitations of the study. Although there is no formal indication for screening non-palpable nodules when they are diagnosed, they have to have an evaluation and follow-ups similar to palpable nodules.







