Most Benign Thyroid Nodules Can Be Followed

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO—Routine thyroxine therapy for benign thyroid nodules is no longer recommended, Dr. Hossein Gharib said at Perspectives in Women's Health sponsored by Ob.Gyn. News.

Thyroxine does not shrink most benign thyroid nodules. In those that do shrink, size increases if the drug therapy is stopped. Long-term thyroxine therapy can be costly and may contribute to hyperthyroidism over time in some patients.

Fine-needle biopsy is a reliable diagnostic tool when done by an experienced clinician and can determine if a thyroid nodule is malignant or benign. Malignant lesions should be treated by surgery. Goiters that are benign but large and symptomatic should be treated by surgery or by radioactive iodine therapy, said Dr. Gharib, professor of medicine at the Mayo Clinic College of Medicine, Rochester, Minn.

The vast majority of thyroid nodules deemed benign by fine-needle aspiration biopsy can be followed by observation, he said at the meeting. Ob.Gyn. News is published by the International Medical News Group, a division of Elsevier.

Thyroid nodules are very common, detectable by palpation in 5% of the U.S. population and by ultrasound in 50%. The nodules are benign in 95% of cases. More than 100 million U.S. residents have thyroid nodules, and 300,000 new nodules are detected each year, said Dr. Gharib, who has no association with the companies that make the treatments he discussed.

The incidence of thyroid cancer peaks in women at around 12 cases per 100,000 women, between ages 30 and 50 years. In men, incidence peaks at around 8 per 100,000 between ages 70 and 80 years. Detection differences may be due to women being seen more regularly for gynecologic care, with nodules detected as part of general physical exams, he speculated. ■