Thyroid Lumps: How to investigate in primary care

A 45-year-old woman says that several people have mentioned to her that the anterior aspect of her neck was abnormally prominent over the past 4 - 6 months.

She has not noticed any significant change in the appearance of her neck.

History and Examination

1. Obstructive features –

No dysphagia/difficulty breathing

2.Red flags and Risk factors for malignancy –

No stridor/ hoarseness

No history of head/ neck irradiation

No family history suggestive of thyroid cancers or MEN

3. Hypothyroidism/ Hyperthyroidism

No significant signs or symptoms suggestive of hypo or hyperthyroidism

Examination

? Thyroid gland enlarged, ? nodularity, No tenderness, No cervical lymphadenopathy

Which of the following Ix would you request next?

1. Radionuclide scan
2. T4/ TSH
3. TSH
4. US scan thyroid

Next

1. If TSH suppressed – refer to endocrinologist for further Ix and management e.g. T4, TSI, Radionuclide scan
2. If TSH normal - US scan
3. If TSH high – Free T4 and US scan

Findings

TSH – 6 mu/L (0.4 – 4 mu/L)
Free T4 - 1.4 ng/dL (0.8 – 1.8 ng/dL)
Subclinical hypothyroidism

US – Enlarged thyroid gland with a 0.8 cm nodule with benign features in the right lobe and 0.4cm nodule in the left lobe.

What is the next Ix?

- US guided FNAB – benign lesion

What to do next?

Follow up 6/12 later
Clinical signs and symptoms
TSH/ T4/ TPO antibody
US scan and FNAC if growth is detected (False negative rate of upto 6% with FNAC)

Take home message

1. Ix should be individualised to each patient's presentation to be evidence based and cost effective for the patient.
2. Benign nodules on FNAB should be followed up due to the percentage of false negative tests. (6%)