

## **Management of Thyroid Nodules Found on Ultrasound**

### **Any sized cystic nodule/cystic with colloid type echos**

Benign – No follow up needed

### **Solid or at least partially solid**

\* Less than 1 cm – Follow up in 6-12 months

\* 1.0 – 1.5 cm

1. Cystic and Solid – Follow up in 6-12 months

2. Completely Solid

a. Suspicious Features\*\* – Biopsy

b. No suspicious features – Follow up 6-12 months

\* 1.6 – 2.0 cm

1. > 50% Solid – Biopsy

2. > 50% Cystic – Follow up in 6-12 months

\* > 2.0 cm

- Any nodule NOT a simple cyst – Biopsy

\*Note that these recommendations are not absolute or inflexible. In certain circumstances, the physician's clinical judgment may lead him or her to determine that FNA need not be performed for nodules that meet the recommendations above. In others, FNA may be appropriate for nodules that do not meet the criteria listed above i.e. any nodule that is not a simple cyst that demonstrates significant growth since prior ultrasound

\*\*Hypoechoic, microcalcifications, increased central vascularity, infiltrative margins, or taller than wide in transverse plane.

**Multiple nodules** – Consider FNA of one or more nodules, with selection prioritized on the basis of the previously stated criteria in the order listed above. FNA is likely unnecessary in diffusely enlarged glands with multiple nodules of similar US appearance w/o intervening normal parenchyma.

**Part II** - The recommendation for nondiagnostic aspirates from initial FNA is as follows: Consider a second FNA of nodules meeting criteria for FNA of solitary nodules, as outlined above.

**Part III** - The presence of abnormal lymph nodes overrides the US features criteria and should prompt biopsy of the lymph node and/or (if necessary) of an ipsilateral thyroid nodule.

**Management of Thyroid Nodules Detected at US: Society of Radiologists in Ultrasound Consensus Conference Statement**; *Radiology December 2005 Radiology, 237, 794-800.*