

# The Thyroid



**BEST Meeting**

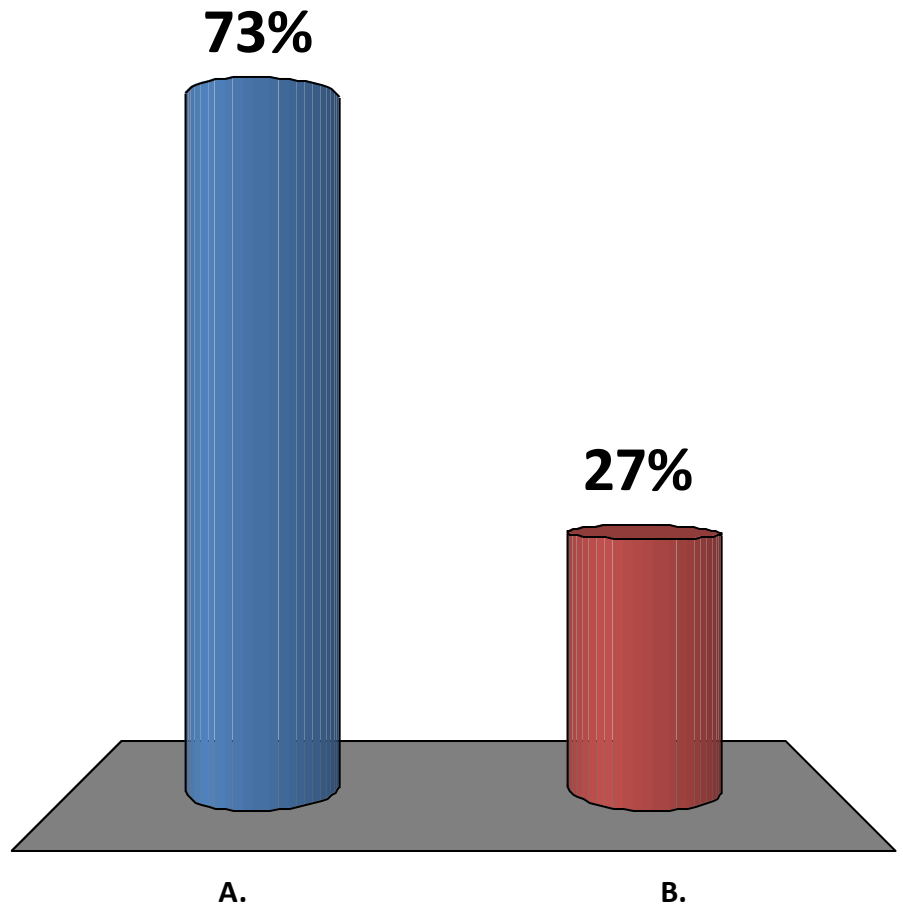
Wednesday 16<sup>th</sup> November 2016

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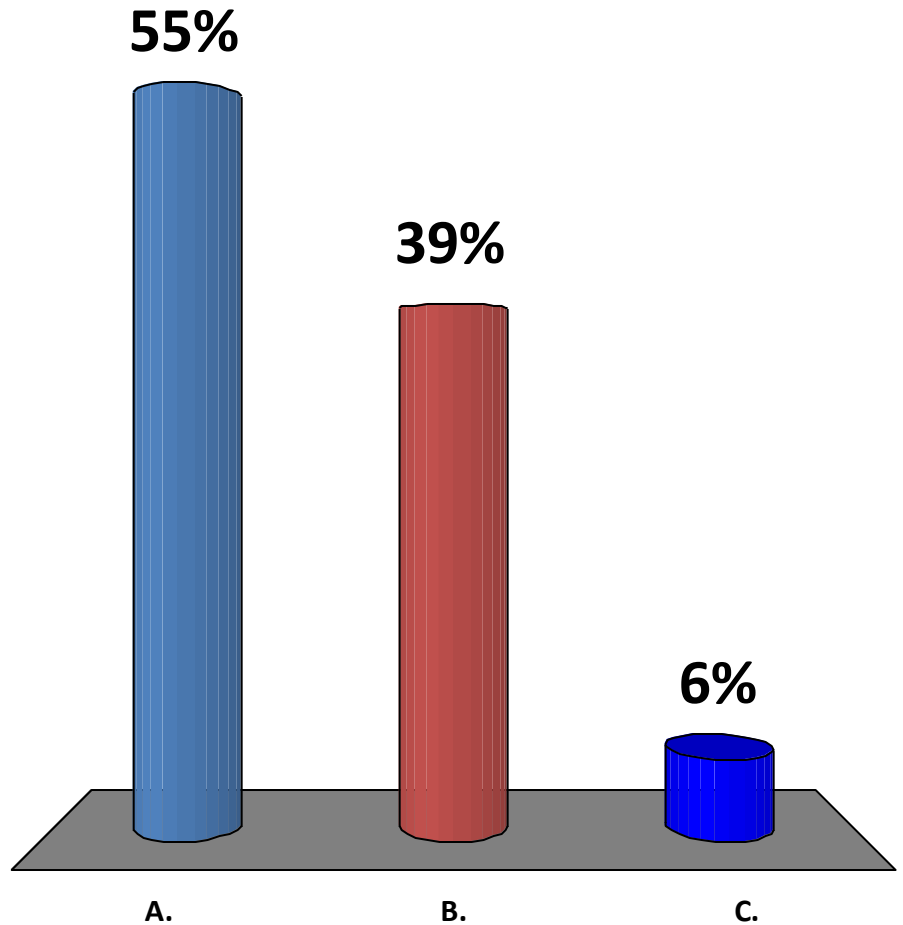
# Thyroid nodules and cysts are very common.

- ✓ A. True
- B. False



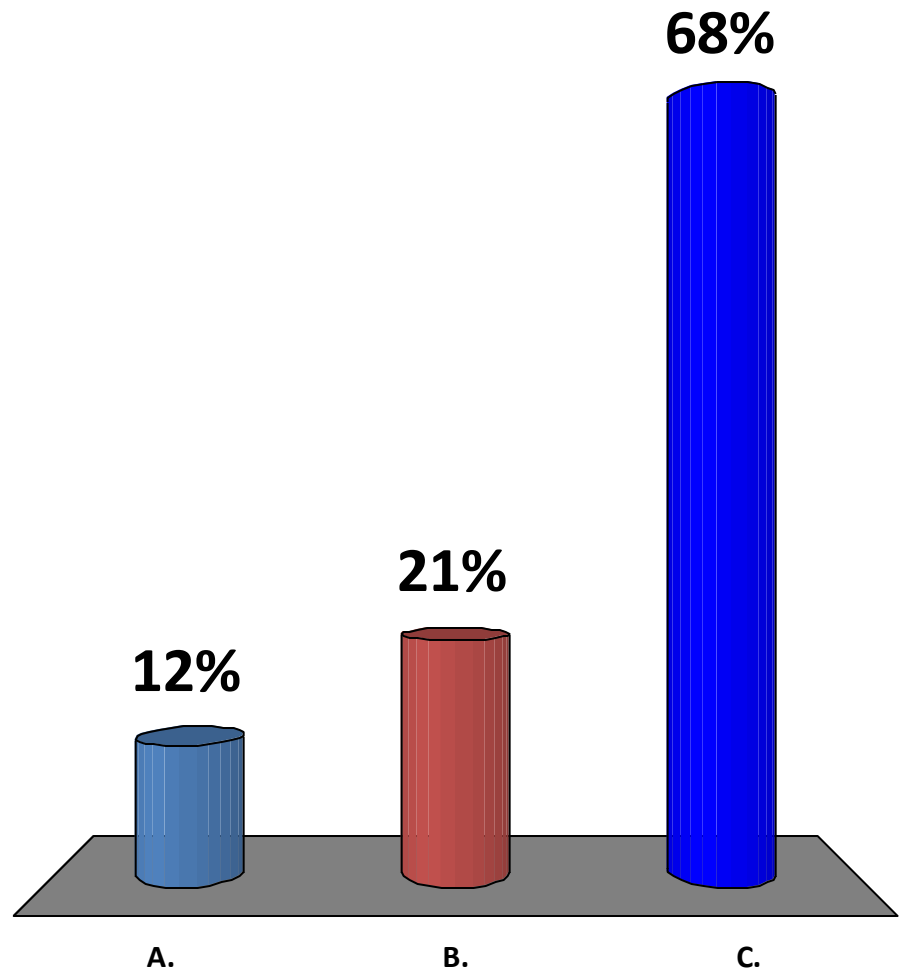
Thyroid cancer accounts for \_\_\_\_\_%  
of cancers in the UK

- ✓ A. 1%
- B. 5%
- C. 10%



# Thyroid nodules, cysts and cancers \_\_\_\_\_ affect thyroid function

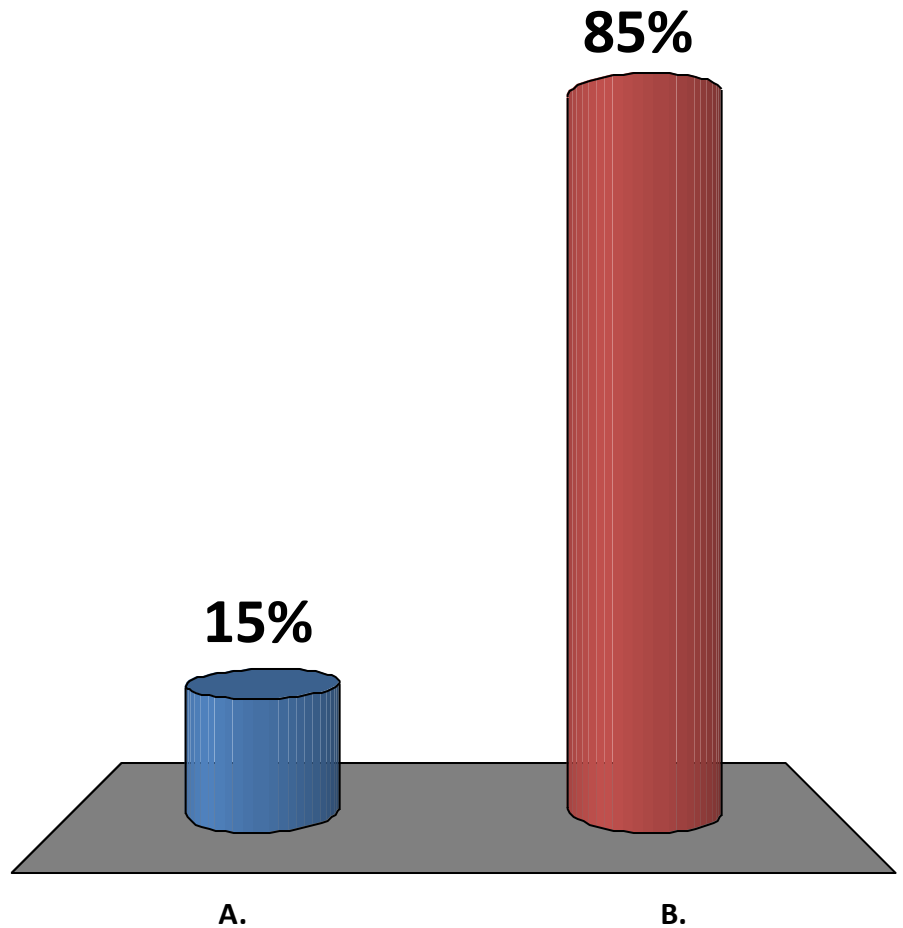
- A. Usually
- B. Frequently
- ✓ C. Rarely



Most people with thyroid cancer  
have a poor prognosis.

A. True

✓ B. False



# A few salient points



- ❖ Thyroid nodules and cysts are very common – True
- ❖ Thyroid cancer accounts for 1% of cancers in the UK
- ❖ Thyroid nodules, cysts and cancers rarely affect thyroid function
- ❖ Most people with thyroid cancer have a poor prognosis False

# A few salient points



- ❖ Thyroid ‘incidentalomas’ are increasing
- ❖ The majority of thyroid surgery in the UK is performed by ENT Surgeons

# Surgical symptoms

- ❖ Palpable lump in neck – often first noticed by family, friends and GPs – commonest symptom
- ❖ Other frequently encountered symptoms include pressure/discomfort in neck, mild dysphonia, mild dysphagia, mild dyspnoea



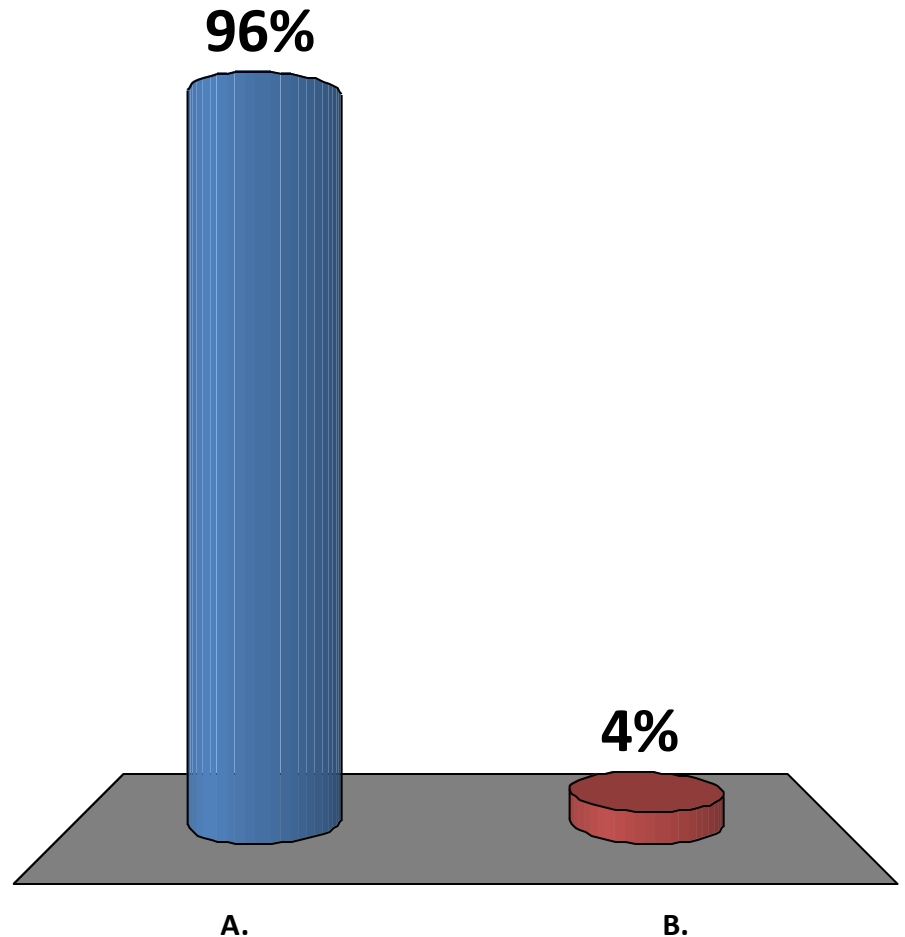


# Surgical symptoms



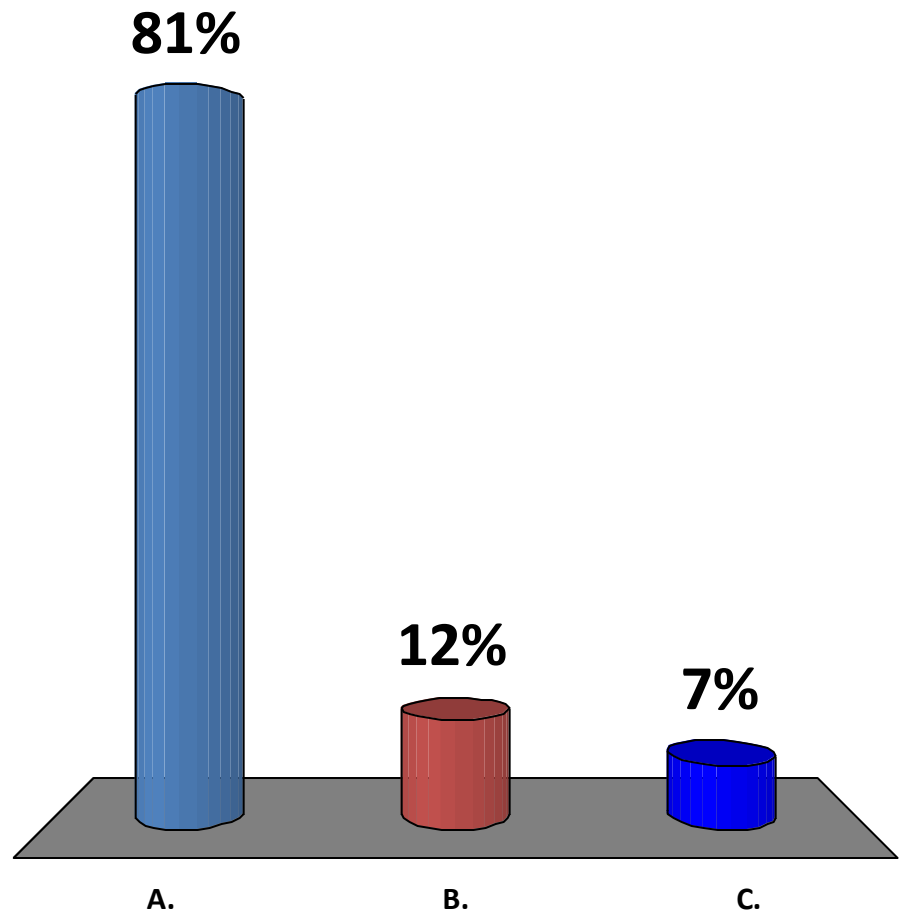
# Overnight appearance of tender 'egg' in the anterior neck is suggestive of:-

- ✓ A. Haemorrhage into a thyroid cyst
- B. Thyroid cancer



Rapidly enlarging neck lump , severe dysphonia and stridor – indicative of aggressive thyroid cancer – occurs

- ✓ A. Rarely
- B. Frequently
- C. Commonly



# Management in Primary care



- Who to Refer

- ❖ Easy!

- ❖ Any patient who presents to you with a new lump in the thyroid region, whether there is a pre-existing goitre or not, needs referral to ENT – unless you feel there is an infective cause – but even they will need referral if no response to treatment.

# Management in Primary care



- How to Refer

- ❖ Easy!

- ❖ Easy to criticise!

- ❖ Easy for us in Secondary care to criticise you for using the 2WW system to refer patients with thyroid lumps.

# Management in Primary care

- How to Refer

❖ Difficult!

❖ Difficult for you to decide, based on 2WW criteria, whether to refer via this pathway or refer Urgently.



# Management in Primary care



- How to Refer

- ❖ **Compromise!**

- ❖ If you really have a high index of suspicion that your patient has thyroid cancer please use 2WW system.
- ❖ If not please refer urgently – patient will be seen within 4 weeks.

# Management in Primary care

- What Investigations
  - ❖ TFTs, Thyroid peroxidase, U&Es

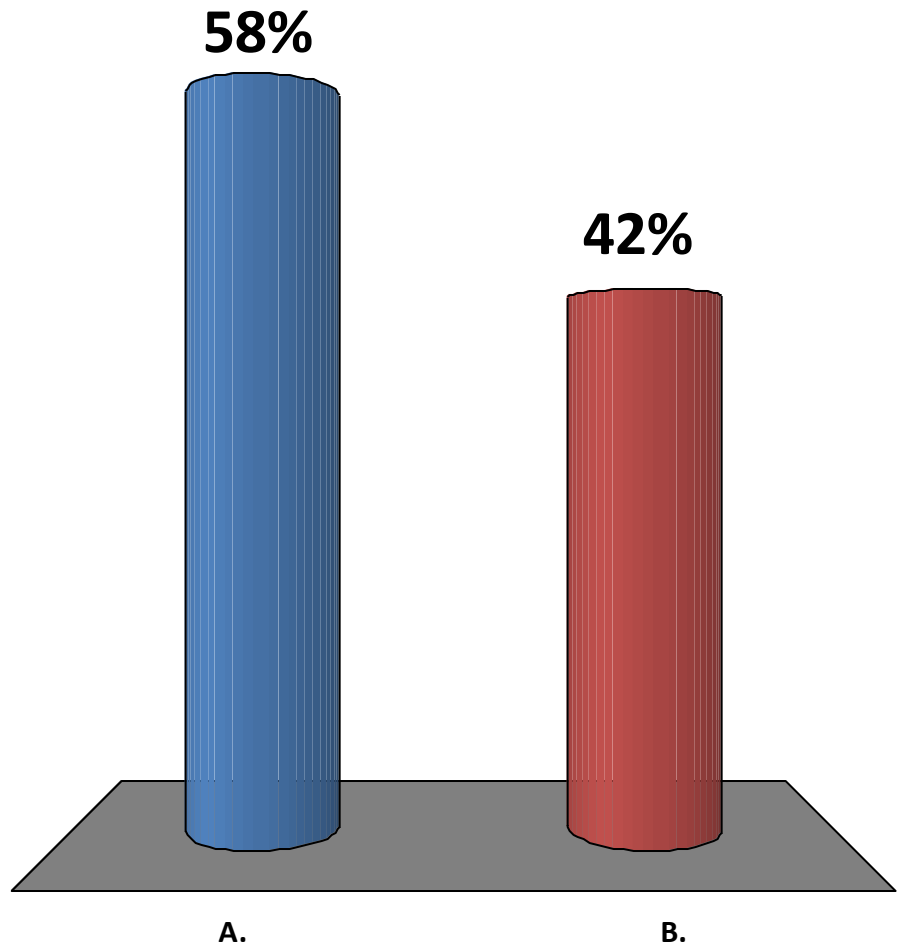




# Management in Primary care To US scan OR not to scan ?

A. Yes US Scan

B. No US Scan



# Management in Primary care



- What Investigations
  - ❖ TFTs, Thyroid peroxidase, U&Es
  - ❖ To US scan or not to US scan?
    - Difficult!
    - Depends!
    - EXPAND!

# Management in Secondary care



- Typical ENT clinic scenario:
- Female, 40+, lump in one thyroid lobe
- → US Scan neck + US Guided FNA[B] (fine needle aspiration [biopsy])
- → FNA = Thy 3
- → Thy 3 = Diagnostic lobectomy
- → Histology shows benign follicular adenoma
- In 85%

