

## TİROİD NODÜLÜ

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### Vaka Sunumu

45 yaşında kadın hasta 1 ay önce öksürük şikayeti nedeniyle başvurduğu klinikte yapılan Toraks BT incelemesinde saptanan sol tiroid glandında yaklaşık 3 cm boyutundaki nodül nedeniyle tarafımıza başvurdu.

### Özgeçmiş

- Bilinen ek hastalık yok.
- Geçirilmiş herhangi operasyon bir öyküsü yok.
- Herhangi bir medikal tedavi kullanmıyor.
- Aile öyküsünde özellik yok.
- Sigara kullanmıyor.
- Ev hanımı.

### Anamnezde neler sorgulanmalıdır?

Tiroid nodüllerinin büyük bir kısmı asemptomatiktir ve genellikle başka nedenlerle yapılan görüntüleme çalışmaları sırasında insidental olarak saptanırlar. Tiroid nodülleri genellikle benign karakterde olmasına rağmen tiroid malignitesi açısından risk faktörlerinin belirlenmesi önem arzeder.

- Tiroid veya diğer maligniteler açısından aile hikayesi
- İyonize radyasyona maruziyet öyküsü

- Radyoterapi öyküsü
- Tiroidit hikayesi (Hashimoto tiroiditi vb.)
- Detaylı sendromik hastalık anamnesi (Cowden sendromu vb.)

### Sorgulanması gereken diğer semptomlar nelerdir?

Yukarıda bahsedildiği üzere tiroid nodüllerinin büyük bir kısmı asemptomatiktir ancak özellikle hızlı büyüyen nodüllerde veya çok büyük tiroid glandında bazı semptomlar ortaya çıkabilmektedir. Bunlardan bazıları:

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## KAYNAKLAR

1. Haugen BR, Alexander EK, Bible KC, et al. 2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer: The American Thyroid Association Guidelines Task Force on Thyroid Nodules and Differentiated Thyroid Cancer. *Thyroid*. 2016;26(1):1–133.
2. Vander JB, Gaston EA, Dawber TR. The significance of nontoxic thyroid nodules. Final report of a 15-year study of the incidence of thyroid malignancy. *Ann Intern Med*. 1968;69(3):537–40.
3. Tunbridge WM, Evered DC, Hall R, et al. The spectrum of thyroid disease in a community: the Whickham survey. *Clin Endocrinol (Oxf)*. 1977;77(6):481–93.
4. Tan GH, Gharib H. Thyroid incidentalomas: management approaches to nonpalpable nodules discovered incidentally on thyroid imaging. *Ann Intern Med*. 1997;126(3):226–31.
5. Guth S, Theune U, Aberle J, et al. Very high prevalence of thyroid nodules detected by high frequency (13 MHz) ultrasound examination. *Eur J Clin Invest*. 2009;39(8):699–706.
6. Mortensen JD, Woolner LB, Bennett WA. Gross and microscopic findings in clinically normal thyroid glands. *The Journal of Clinical Endocrinology and Metabolism*. 1955;15(10):1270–1280.
7. Dean DS, Gharib H. Epidemiology of thyroid nodules. *Best Pract Res Clin Endocrinol Metab*. 2008;22(6):901–11.
8. Popoviciuc G, Jonklaas J. Thyroid nodules. *Med Clin North Am*. 2012;96(2):329–49.
9. Lio S, Napolitano G, Marinuzzi G, et al. Role of smoking in goiter morphology and thyrotropin response to TRH in untreated goitrous women. *J Endocrinol Invest*. 1989;12(2):93–7.
10. Wang N, Fang H, Fu C, et al. Associations of adiposity measurements with thyroid nodules in Chinese children living in iodine-sufficient areas: an observational study. *BMJ Open*. 2017;7(10):e016706.
11. Sousa PA, Vaisman M, Carneiro JR, et al. Prevalence of goiter and thyroid nodular disease in patients with class III obesity. *Arq Bras Endocrinol Metabol*. 2013;57(2):120–5.
12. Senyurek Giles Y, Fatih T, Harike B, et al. The risk factors for malignancy in surgically treated patients for graves' disease, toxic multinodular goiter, and toxic adenoma. *Surgery*. 2008;144(6):1028–1037.
13. Kim WB, Han SM, Kim TY, et al. Ultrasonographic screening for detection of thyroid cancer in patients with graves' disease. *Clinical Endocrinology*. 2004;60(6):719–725.
14. Hegedüs L. Clinical practice. The thyroid nodule. *The New England Journal of Medicine*. 2004;351(17):1764–1771.
15. Haymart MR, Replinger DJ, Leverson GE, et al. Higher serum thyroid stimulating hormone level in thyroid nodule patients is associated with greater risks of differentiated thyroid cancer and advanced tumor stage. *J Clin Endocrinol Metab*. 2008;93(3):809–14.
16. Toledo SP, Lourenço DM Jr, Santos MA, et al. Hypercalcitoninemia is not pathognomonic of medullary thyroid carcinoma. *Clinics (Sao Paulo)*. 2009;64(7):699–706.
17. Erdogan MF, Gursoy A, Kulaksizoglu M. Long-term effects of elevated gastrin levels on calcitonin secretion. *J Endocrinol Invest*. 2006;29(9):771–5. 27.
18. Wang TS, Ocal IT, Sosa JA, et al. Medullary thyroid carcinoma without marked elevation of calcitonin: a diagnostic and surveillance dilemma. *Thyroid*. 2008;18(8):889–94.
19. Suh I, Vriens MR, Guerrero MA, et al. Serum thyroglobulin is a poor diagnostic biomarker of malignancy in follicular and Hurthle-cell neoplasms of the thyroid. *Am J Surg*. 2010;200(1):41–6.
20. Replinger D, Bargren A, Zhang YW, Adler JT, Haymart M, Chen H. Is Hashimoto's thyroiditis a risk factor for papillary thyroid cancer? *J Surg Res*. 2008;150(1):49–52.
21. Gharib H, Papini E. Thyroid nodules: clinical importance, assessment, and treatment. *Endocrinol Metab Clin North Am*. 2007;36(3):707–35.
22. Reschini E, Ferrari C, Castellani M, et al. The trapping-only nodules of the thyroid gland: prevalence study. *Thyroid*. 2006;16(8):757–62.
23. Tamhane S, Gharib H. Thyroid nodule update on diagnosis and management. *Clin Diabetes Endocrinol*. 2016;2:17.
24. Gharib H. Fine-needle aspiration biopsy of thyroid nodules: advantages, limitations, and effect. *Mayo Clin Proc*. 1994;69(1):44–9.
25. Bomeli SR, LeBeau SO, Ferris RL. Evaluation of a thyroid nodule. *Otolaryngol Clin North Am*. 2010;43(2):229–38.
26. Castro MR, Gharib H. Thyroid fine-needle aspiration biopsy: progress, practice, and pitfalls. *Endocr Pract*. 2003;9(2):128–36.
27. Danese D, Sciacchitano S, Farsetti A, et al. Diagnostic accuracy of conventional versus sonography-guided fine-needle aspiration biopsy of thyroid nodules. *Thyroid*. 1998;8(1):15–21.
28. Can AS. Cost-effectiveness comparison between palpation- and ultrasound-guided thyroid fine-needle aspiration biopsies. *BMC Endocr Disord*. 2009;9:14.
29. Leenhardt L, Erdogan MF, Hegedus L, et al. 2013 European thyroid association guidelines for cervical ultrasound scan and ultrasound-guided techniques in the postoperative management of patients with thyroid cancer. *Eur Thyroid J*. 2013;2(3):147–59.
30. Yoon JH, Cho A, Lee HS, et al. Thyroid incidentalomas detected on 18 F-fluorodeoxyglucose-positron emission tomography/ computed tomography: Thyroid Imaging Reporting and Data System (TIRADS) in the diagnosis and management of patients. *Surgery*. 2015;158(5):1314–22.
31. Cibas ES, Ali SZ. The 2017 Bethesda System for Reporting Thyroid Cytopathology. *Thyroid*. 2017;27(11):1341–1346.
32. Shi Y, Ding X, Klein M, et al. Thyroid fine-needle aspiration with atypia of undetermined significance: a necessary or optional category? *Cancer*. 2009; 117(5):298–304.
33. Alexander EK, Kennedy GC, Baloch ZW, et al. Preoperative diagnosis of benign thyroid nodules with indeterminate cytology. *N Engl J Med*. 2012;367(8):705–15.
34. Nikiforov YE, Carty SE, Chiosea SI, et al. Highly accurate

- diagnosis of cancer in thyroid nodules with follicular neoplasm/suspicious for a follicular neoplasm cytology by ThyroSeq v2 next-generation sequencing assay. *Cancer.* 2014;120(23):3627–34.
35. Baloch ZW, LiVolsi VA, Asa SL, et al. Diagnostic terminology and morphologic criteria for cytologic diagnosis of thyroid lesions: a synopsis of the National Cancer Institute Thyroid Fine-Needle Aspiration State of the Science Conference. *Diagn Cytopathol.* 2008;36(6):425–37.