Sir,

We read with interest the article by Gurleyik et al\(^1\) on management of series of 44 patients of solitary thyroid nodule from endemic background. We would like to put forth some comments.

1. We would like the authors to clarify what criteria they have adopted for labeling their region as endemic for goiter; a region is labeled as endemic if goiter is, the incidence of goiter is $>10\%$ or if urinary iodine levels are well below normal, as authors have themselves stated that iodine supplementation has been going on routinely in their country for last 15 years.

2. The 20\% figure of nondiagnostic FNACs seems to be a little high, as in most centers, thyroid FNAC has a sensitivity of $>90\%$.

3. Worldwide, the use of diagnostic nuclear scans in work-up of thyroid nodule has reduced drastically and is only indicated when TSH is low. We know that all cold nodules are not malignant and hence this alone does not form a sufficient indication for surgery; as for more than 80\% cold nodules, it would be over-treatment. If a nodule is cold on nuclear scan, FNAC should be done and surgical decision should be based on cytology findings alone.

4. We would like to know the authors’ indications for surgery and complications in solitary thyroid nodules.

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REFERENCES


5. We would like to emphasize that after surgery these patients need to be followed up for a long duration; as in the background of iodine deficiency, about one-third of the patients become hypothyroid, especially with evidence of autoimmune thyroiditis and need thyroxine supplementation.[2] However, in the author’s series, none of the patients had associated autoimmune thyroiditis.

6. The conclusion drawn seems to be contradictory. High incidence of hypothyroidism is explained on the basis of natural sequence of pathogenesis of endemic goiter, while high rate of papillary carcinoma thyroid is drawn on the basis of iodine sufficiency. So this further strengthens our concern of estimation of urinary iodine assay in all cases of solitary thyroid nodule in this series.

REFERENCES


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