

Thyroid Ultrasonography : A Useful Diagnostic Tool

Ultrasound, as an investigatory tool in the medical field, has undergone a sea change in the last three decades. It has become a mandatory test in the field of thyroidology. During the last two decades, routine ultrasonography of the thyroid gland, across various centers in India, has revealed that the volume of thyroid in an euthyroid Indian is only 10 to 14ml (each lobe 5 to 7ml) as against 30ml (each lobe 15ml) in the western population. Hence, Indians require a little more of TSH, when compared to the western population, so as to maintain the individual in an euthyroid state. Surgeons who perform an ultrasonogram of thyroid, at the end of clinical examination, are in a better position to make a definitive diagnosis and devise a better surgical strategy. It has also been proved that the ultrasound of the thyroid gland performed by a surgeon is on par with a radiologist, due to *familiarity of the field*.

Fine Needle Aspiration Cytology (FNAC), the most commonly performed invasive test on thyroid, is a very reliable investigation to diagnose papillary carcinoma of thyroid in a solitary nodule. However, it may give a false negative report in cases of multinodular goitre with papillary carcinoma. All over the world, it has been proved beyond doubt, that the incidence of false negativity dropped substantially, when ultrasound guided FNAC was done.

Hence, prudent surgeons and cytologists should use ultrasound in their day to day practice, so as to improve the accuracy rate of their diagnosis in patients with thyroid disorders.

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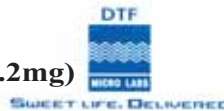
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