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Management of solitary Thyroid nodule- Current concepts

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Thyroid disorders are commonly present in outdoor of surgery department. As these are located anatomically at a place, where it can easily be noticed by the patient; patients present them quite early. As with any swelling, needless anxiety is created in the mind of the patient and the clinician to exclude malignancy, which is not very commonly encountered pathology. In the present era of modern diagnostic modalities, surgeon can reach correct diagnosis in many cases. However at times, surgeon is in a dilemma whether to keep the nodule under observation or to treat specially in benign disorder. FNAC though useful cannot differentiate between follicular adenoma & follicular carcinoma; in addition, it is operator dependent also. Differentiated Thyroid carcinoma on the other hand has an indolent course and has got excellent prognosis depending on some parameters. Other investigations which are not available at many places particularly in developing countries like India are required only for special circumstances and should be used judiciously to make it cost effective. An in-depth knowledge of pathology is required for ideal management of solitary Thyroid nodule as many cases do not require any treatment except observation, for which surgeon should by all means exclude malignancy. Cosmetic indication of surgery requires second thought as Thyroid surgery leaves scar in the neck. The current topic will highlight an insight into investigation & treatment of solitary Thyroid nodule.

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Thyroid anatomy

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Thyroid gland being an important structure in neck is a vascular organ strategically located and bearing very close association with trachea, larynx, esophagus, carotid arteries and between the two important nerve recurrent laryngeal nerves. Swellings of Thyroid per se can affect these structures. Thyroid also houses paraThyroid glands which play an important part in calcium metabolism. Primarily Thyroid enlargements are a common finding in females the incidence of this being almost 50% and this is referred to as "incidentaloma". Owing to its central midline position it is easily noticed by others and felt or palpated by the patient. Symptoms of pressure on the anatomically close relations appear late and they are ominous in the sense that they warrant investigations to rule out true nature of Thyroid swelling. Investigations are required in this subset of patients to know whether Thyroid is involved primarily or secondarily. Decision on when and how to treat a Thyroid swelling depends on a few basic investigations which will guide to true nature of Thyroid involvement. Most of Thyroid swellings are benign, cancers being very rare. Physiologically Thyroid dysfunctions are seen but are treated medically rarely needing surgical intervention. For a judicious stratification of Thyroid patient for investigations and treatment for a thorough understanding of anatomy of this gland is essential. Therefore a brief review into the anatomy of Thyroid gland is being presented here.

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