

# Ultrasound Helpful in Thyroid Cancer Follow-Up

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HOUSTON — Ultrasound was useful in the long-term postoperative follow-up of thyroid cancer in a review of 398 ultrasounds performed in 191 patients.

The findings suggest that patients with suspicious ultrasounds should undergo fine-needle aspiration (FNA) biopsies, while those with equivocal ultrasounds can be observed and undergo a follow-up

ultrasound in 6-12 months, Dr. Adrian Harvey of the Cleveland Clinic said at the annual meeting of the American Association of Clinical Endocrinologists.

Sonographic findings were classified as normal, suspicious, or equivocal. A normal ultrasound was one with no concerning features in the lymph nodes. Criteria for suspicious ultrasound included two or more abnormal lymph node features. An equivocal ultrasound was de-

termined based on the presence of one suspicious feature and clinician judgment.

Of 172 ultrasounds done on patients with positive tumor markers, 41% had suspicious findings, 10% had equivocal findings, and 49% were normal. Recurrence was confirmed in 61 of 70 suspicious ultrasounds (87%), compared with just 6 of 18 (33%) with equivocal findings and none of the 85 with normal findings. Over a mean follow-up of 13 months,

eight of the patients whose ultrasound findings were originally deemed normal developed cervical recurrence.

Among the 125 total abnormal ultrasound findings, 60% were located in a reoperative field. There were no significant differences between the rates of positive FNA or equivocal ultrasound between reoperative and nonoperative fields.

Dr. Harvey stated that he had no conflicts of interest to disclose. ■

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