

Thyroid Nodules in Women

The thyroid is a butterfly-shaped gland located at the base of neck, which produces hormones to regulate every aspect of human metabolism, ranging from our heart rate to the rate at which the body burns calories.

Sometimes one or more either solid or fluid-filled lumps or nodules develop within this gland, however the vast majority of these are benign, and it must be said that most thyroid nodules do not actually cause any symptoms. In fact it is quite common to find that the patient may not be aware they have a thyroid nodule, until their doctor discovers it during a routine medical examination.



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Thus this is a common health condition, and palpable thyroid nodules are present in 4-7% of the population, their prevalence increasing with age.

Thyroid nodules are of great significance when it comes to women's health, as thyroid cancer is more common among women. Other risk factors include Asian race, a family history of thyroid cancer and radiation to the neck area. In fact according to the Hong Kong Cancer Registry in the year 2000 thyroid cancer ranked second of all malignancies in women aged 15 to 34, second only to breast cancer.

Early detection and treatment are the key to a successful prognosis, and medical consultation is thus absolutely essential if a lump or swelling is found in the neck.

There is actually a simple trick enabling your doctor to tell whether a nodule is connected with your thyroid gland. This means it is very likely you will be asked to swallow while your doctor is examining your thyroid, because a nodule connected with the thyroid gland generally moves up and down during the act of swallowing, whereas an unrelated nodule in the neck does not.

If a thyroid nodule is confirmed, your doctor will be concerned to determine whether it is malignant or simply benign and associated with thyroid malfunction. The usual tools in this procedure are fine needle aspiration cytology (FNAC) and ultrasonography. Treatment recommended will depend on the type of cancer and how far it has spread.

The conventional treatment for malignant nodules is surgical removal, often involving removal of the majority of the thyroid tissue. Nodules that are diagnosed through FNAC as indeterminate or suspicious in nature do also require surgical removal, the intention being to examine them thoroughly for signs of cancer, and then in appropriate cases hormone treatment or radiation therapy may be prescribed. These additional therapies are much better tolerated than those used to treat other malignancy.

It goes without saying that early detection is always the preferable solution. So we recommend the patient should have an annual physical examination and should be sure to submit to have complete assessment of the gland in aspects of function, anatomy and malignancy.