THYROID UPDATES

4/12/2022

A few things came up after the thyroid protocol was updated that I wanted to address. These will be added to the protocol on the webpage as well. Continue to ask questions if you have them!

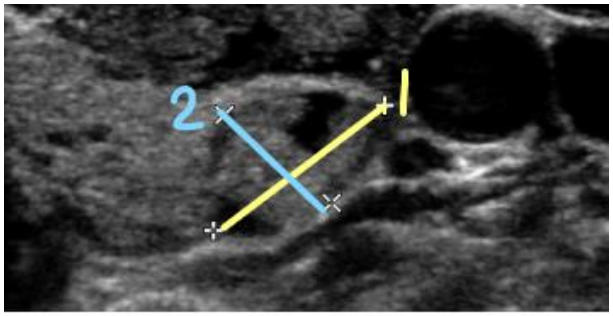
LYMPH NODE DOCUMENTATION-

- If you see **lymph nodes over 1cm** in size that otherwise appear normal, you should measure the largest one. These are likely reactive lymph nodes, but depending on the patient history, the radiologist and their doctor can decide whether they need follow up. You can say something like, "Multiple enlarged lymph nodes are seen in the R/L neck but otherwise are normal in appearance. Largest of these measures LxWxHcm"
- **Submandibular lymph node** can use an upper limit of normal of 2cm.
- **For post thyroidectomy patients** at one point, we were measuring every single lymph node seen in the neck and following them every 6 months. Thankfully, we are longer doing this. For post thyroidectomy patients we should measure the most suspicious and/or largest 3 nodes on each side. Characteristics like calcifications and peripheral vascularity are more important than size, so list the most suspicious 3 first. If they are all similar in appearance, list the largest 3. Follow the protocol to acquire the necessary sweeps in addition and use the Viewpoint drawing to document location. There may be a few patients at Montlake that still expect us to look at every lymph node, especially the ones Cathy had been methodically scanning and mapping. If there is an issue with any of these patients, please talk to Shaun, Becky, myself or Dr Dighe to figure out how to proceed.
- **For pre thyroidectomy patients**, ALL abnormal lymph nodes should be measured, not just the largest. This information is very important for surgical planning and the extent of the incision needed and should be done with extra caution and detail. They need to know how lateral the abnormal nodes extend, as well as how high in the neck the nodes extend. Please provide accurate and precise description of location in these cases, especially if located outside of Level 6. Even abnormal nodes in Level 1 would be important to note as the incision would need to extend higher in the neck to reach them. Likewise, lymph nodes in Levels 2 -5 would need a longer incision extending more laterally. Remember that abnormal lymph nodes less than 1cm should also be reported if other suspicious characteristics are seen, small abnormal nodes need to be excised as well. If you see an entire chain of abnormal nodes, you could say something like, "Chain of 6 abnormal lymph nodes seen extending from the Level 2A/carotid bulb to the clavicle. Largest of these measures LxHxWcm." The most important thing is to be sure to describe the farthest lateral and farthest superior/inferior nodes seen. Be sure to use the Viewpoint drawing as well.

MEASURING THYROID NODULES-

- The way that ACR states we need to measure thyroid nodules and the way we evaluate "taller than wide" for TIRADS is rather confusing. I will attempt to explain. Please continue to measure thyroid nodules as ACR describes – First measurement being of the longest dimension of the

nodule in a transverse plane (width) and the second (height) will be 90 degrees to that. See example below.



However, when we are assessing the criteria for Taller than Wide for the points in TIRADS, this is not what they that referring to. They are referring to a true AP and transverse dimension. Rather than measuring a nodule twice for this purpose, please assess the taller than wide characteristic only if other suspicious characteristics are seen. It can be assessed subjectively in most circumstances.