A REVIEW OF ULTRASOUND AND 'ISOTOPE SCANNING IN THE PRE-OPERATIVE DIAGNOSIS OF THYROID SWELLINGS

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This study covered a period of 21 months in a surgical unit and involved 91 patients, 84 Female and 7 Male.

The Ultrasound and Isotope Scanning were compared against the background of clinical, operative and histological findings.

There were 2 cases of thyroiditis, 4 carcinomas and 16 follicular adenomas. Multinodularity occurred in 29 and diffuse enlargemene in 9 (toxic), and single nodules in 27.

The ultrasound identified one carcinoma, 21 single nodules and 25 multi-nodular. The isotope scan did not identify carcinomas but identified 24 multi-nodular, 13 diffuse enlargement, and 41 single nodules. The latter finding is due to the presence of two different nodules in the same gland.

This concluded that ultrasound examination should be the primary scanning of the thyroid to detect morphology and identify cystic from solid lesion. This is also of value when isotope scanning is not possible (e.g. pregnancy) or not available.

Isotope scanning can be employed when malignancy or thyroiditis is suspected, but is not accurate in detecting these abnormalities — mainly for further supplementary data.



The Editor regrets an error which appeared in the article on FOOD CONSUMPTION PATTERNS IN THE EEC (1978)—December 1982 issue.

The standardised mortality rate figure for IHD in Italy was omitted from Table II (page 372). The full table, to show the relevant figure for Italy is referenced below.

TABLE II
Standardised Mortality Rates for Ischaemic Heart Disease in EEC Countries

Country	Ireland	UK E/W NI S		s	Germany	*France	ıtaly	Netherlands	ВеІдіит	Denmark
IHD rate/ 100,000 pop.	275.6		307.0		216.9	96.1	149.3	182.7	181.3	272.8

Rates refer to 1975 unless otherwise stated. Results are taken from WHO publications (WHO 1978/9) and refer to ICD A list 1965 No. A83.

E/W=England/Wales; NI=Northern Ireland; S=Scotland.

^{*}Currently being re-evaluated in respect of comparability of diagnostic classification.