LETTER TO THE EDITOR

Surgeon-Performed Ultrasound Can Predict Differentiated Thyroid Cancer in Patients with Solitary Thyroid Nodules

TO THE EDITORS:

We had read this article with interest and want to congratulate Dr. Jabiev and his team for their approach in predicting differentiated thyroid cancer in patients with solitary thyroid nodules.¹ However, we would like to have more clarification on few points.

Had the authors performed preoperative FNAC in these patients and compared the results with surgeon-performed ultrasound findings? If so, what were their findings? Cappelli et al. described the predictive value of ultrasonographic findings and compared them with cytology results in thyroid nodules and found that microcalcifications were the strongest predictor for malignancy.² They also found that Type 2 vascularity (intranodular flow with multiple vascular images) and size are also statistically significant predictors for malignancy. Also we would like to know whether intraoperative frozen section biopsies were done in these patients. If so, what was the indication? Moon et al. combined ultrasound and intraoperative frozen section in patients of papillary thyroid carcinomas, concluding that

frozen section should be used when the features on ultrasound do not predict malignancy.³

Had the authors compared their ultrasonographic findings with the radiologist-performed ultrasound findings and could they find that surgeon-performed ultrasound is better than radiologist-performed ultrasound? If yes, in what way and what is their recommendation? A patient with thyroid nodule should undergo radiologist-performed ultrasound or not, if facility for both; surgeon-performed as well as radiologist-performed ultrasound is available?

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