

# Surgical treatment of solitary thyroid nodules.

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## **Abstract:**

This is a prospective study based on 146 consecutive thyroidectomies over a two year period (July 1990 to June 1992). All patients with solitary thyroid nodules which were suspicious or equivocal on fine needle aspiration cytology (FNAC) were subjected to a hemithyroidectomy plus isthmal resection. 60% of all the thyroidectomies were for solitary thyroid nodules of which 15% were malignant. This mode of surgery is suggested for these patients as it is an acceptable although controversial method of treatment for early localized differentiated thyroid cancer. This is justified by the high incidence of malignancy and the difficulty encountered in most of our hospitals regarding adequate assessment of such patients to decide whether surgery is indicated or not. There is also the problem of all those "enucleated" nodules especially in remote areas which are not subjected to histopathological diagnosis. What about the patient who never returns for follow-up?