ABSTRACT

**TITLE** - A Prospective Study of Solitary Nodule Thyroid

**AIM & OBJECTIVES** - To know mode of presentation of solitary nodule, incidence of malignancy and the role of FNAC in solitary thyroid nodule

**METHODOLOGY** - A prospective study of randomly selected patients with clinically palpable, solitary nodule thyroid diagnosed and treated. Total duration of study was eight months, from February 2014 to September 2014. A total of 30 patients were selected. Each patient’s symptoms and signs along with clinical examination in relation to the thyroid swelling, lymph node involvement and a routine systemic and general examination was done. All the patients were subjected to basic investigations including thyroid profile. Tissue diagnosis was obtained by fine needle aspiration cytology in all these patients. Ultrasound of neck and Computed Tomogram scan of, chest and skull were done in selected patients. All operated specimens were subjected to histopathological examination. Postoperative complications were analysed. Most cases were regularly followed up throughout the study period.

**RESULTS** - All cases of solitary nodules presented with swelling in front of neck. Association with pressure symptoms and enlarged cervical lymph nodes is rare. Toxic symptoms were present in 4 patients. 1 patient had regional lymphadenopathy. 4 patients had difficulty in swallowing and 6 patients pain over the swelling. 2 patients had difficulty in breathing. FNAC had an overall accuracy rate greater than 95% with sensitivity 100% and specificity 95%. The incidence of malignancy in our study was 16.67%.

**CONCLUSION** - The incidence of SNT is highest in the age group of 21-40 years with 53% of patients falling in this age category. The incidence of malignant lesion is 16.67%. FNAC is the gold standard test for evaluating SNT with accuracy rate of 95.5%. Follow up is essential in SNT because unlike other malignancies, thyroid carcinomas are easily amenable to cure, have got better prognosis & prolonged survival rate.