

Vascular Science local meeting

Guest speaker: Consultant Radiologist Dr Mandy Williams

Incidental Findings during Carotid duplex: Thyroid Nodules

19/07/2023 9:00-10:00 (1hour)

NOTES:

By age 40, 50% of the population have thyroid nodules (TN)

All neck ultrasound scans are performed at the dental hospital

Only 2-5% of nodules >1cm are malignant

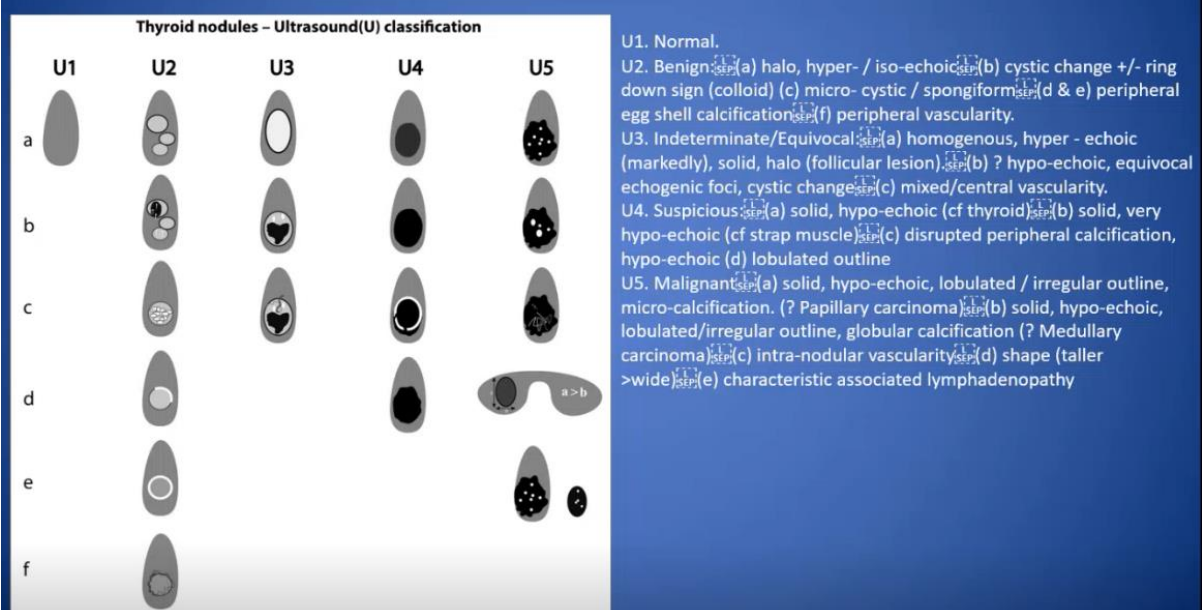
This is a really small number! Finding a TN is not comparable to finding other cancers which require early detection = TN are not something to worry about, those that are malignant are usually symptomatic.

UHBW follow the BTA (British Thyroid Association) rather than the European Guidelines.

Graded U1-U5 (1=normal, 5=malignant)

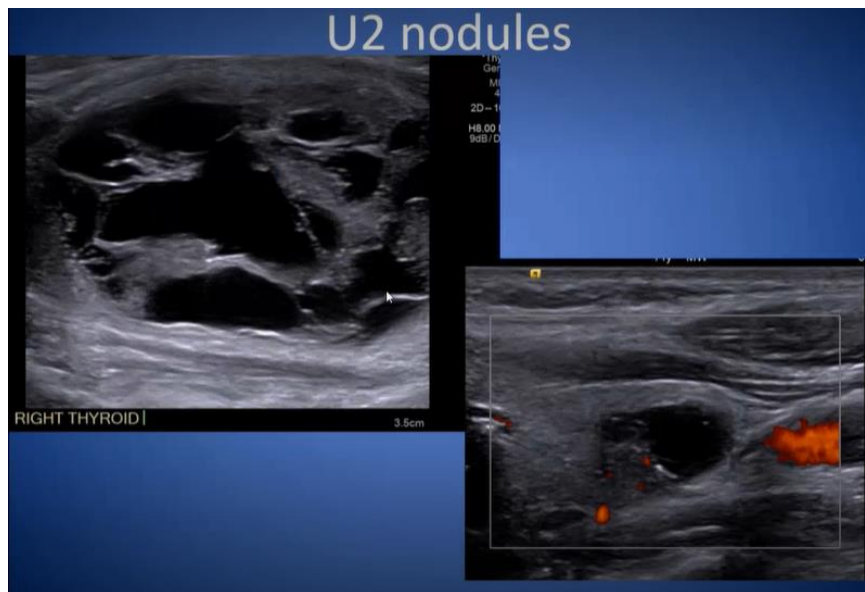
Those associated with lymph nodes are more of a concern

BTA Ultrasound Classification System

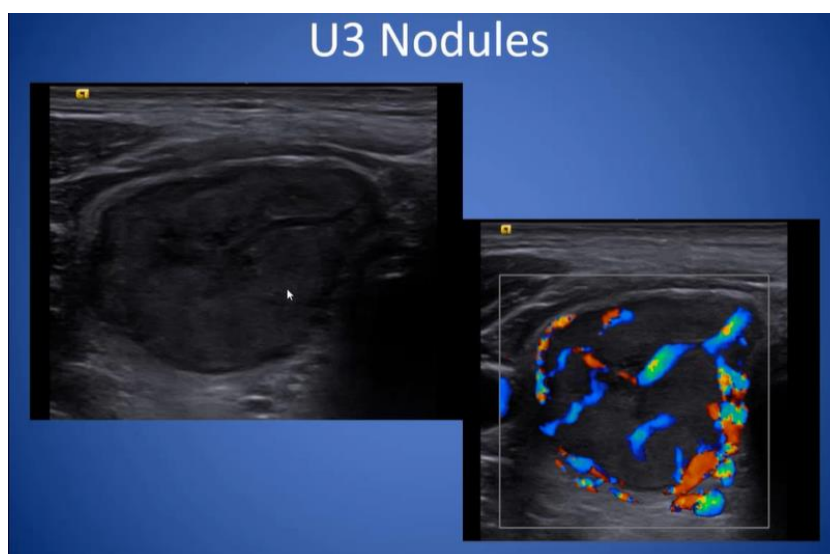


U1= normal appearance

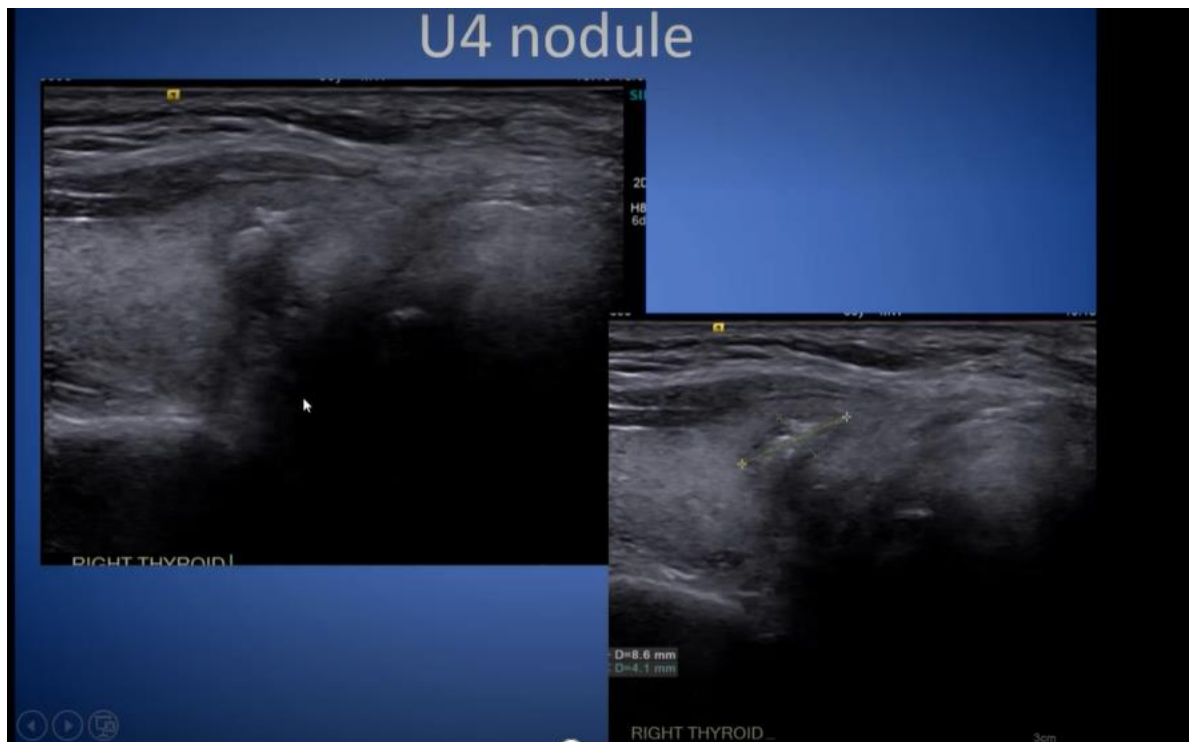
U2= what we are most likely to see. No vascularity, egg shell calcification (which is good, as demonstrates it's been stable for a while). No referral needed, they just look like cystic nodules.



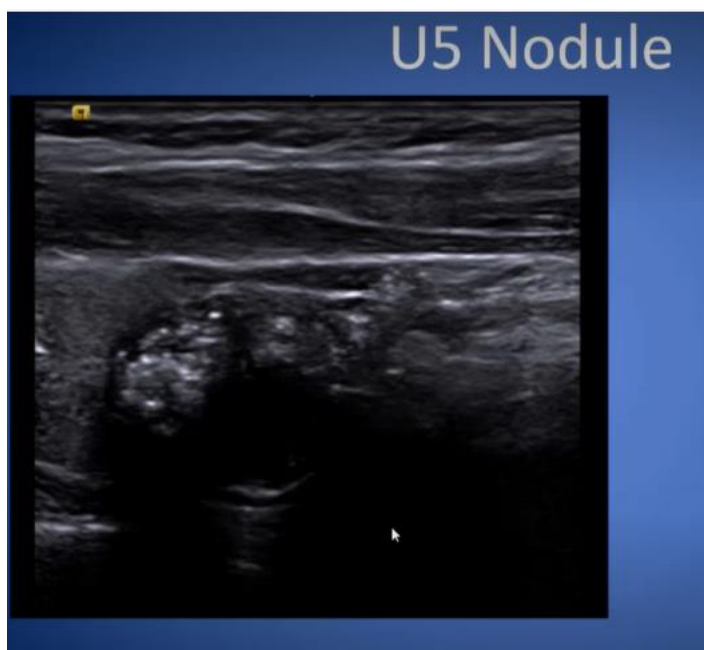
U3=Indeterminate, a bit of vascularity, hyperechoic. TN are very dark compared to the background thyroid, these are the TN we need to refer to Dr Williams. These aren't urgent, so refer directly to her via email – do not worry if out of office. She will review images and add an addendum on return.



U4= Hyperechoic and undefined (you could not draw around it easily), central vascularity, 50% of these would be malignant and therefore need a biopsy

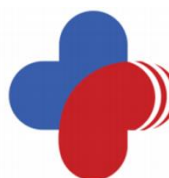


U5= undefined, associated with Lymph nodes, they look obviously nasty, come outside of the capsule, micro calcifications (little flecks of calcium, not the egg shell type)



REFLECTIVE CPD ACTIVITY FORM

Name: Kate Houghton



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Job Role: Head of Vascular Science, UHBW

Description: <i>(i.e. SVT AGM 2017, presented at local meeting)</i>	Incidental findings during Carotid Duplex Scanning: Thyroid Nodules Vascular meeting organised by VSU.
Date(s):	19 / 07 / 2023 Total Hours: 1
Type of activity:	<input checked="" type="checkbox"/> Educational <input type="checkbox"/> Professional <input type="checkbox"/> Work-based <input type="checkbox"/> Self Directed <input type="checkbox"/> Other _____
Benefits to your practice:	<p>There had been a few occasions recently when the thyroid gland had been noted as not normal (U1), specifically with cystic nodules within the gland. The scientist had written on the report that fluid-filled cystic structures were seen within the thyroid gland and after discussing with the on-call registrar, a US neck was suggested.</p> <p>VSU were contacted by a consultant radiologist explaining that this appearance was not harmful, and that 50% of the population over 40 years would have these cystic nodules., therefore causing an unnecessary US neck referral and worry to the patient. VSU asked the radiologist if they could present the typical US appearances of thyroid nodules and provide guidance on when we need to make an onward referral.</p> <p>The presentation was very thorough, giving background to the classification system and many examples of abnormal thyroid appearances (U2-5). After attending this session, I now feel confident recognising abnormal features, what PACs images should be saved, and what pathway VSU should be using to escalate if U3-U5 nodules are noted. It was reassuring to learn that <5% of nodules were malignant and that abnormalities do not require an urgent referral. 80% of the scientists were able to attend the session which was also recorded to allow other staff to watch at a later date. I feel reassured that the UHBW vascular scientists would now feel confident making an appropriate onward referral decision. Sessions like this are also a benefit by improving working relationships with other ultrasound teams within the hospital.</p>

Benefits to service user:	<p>Prior to this session, any incidental findings of the thyroid (U2-U5) would have been noted on the report, with suggestions to refer for an US neck assessment. It was always explained to the service user, that thyroid US scanning was not our speciality, and an onward referral is just an over precaution. However, usually this does still cause an element of worry and anxiety to the patient while they are waiting for the US neck appointment. We learnt from this session that the majority of nodules are U2, and do not cause any harm to the service user. Now the VSU team can recognise these it will reduce the number of unnecessary US neck referrals for U2 appearances and prevent unnecessary worry to the service user.</p>
Supporting evidence: <i>(can include program certificate, notes, presentation, signed training sheet)</i>	Presentation Notes
Additional notes:	