

Thyroid lumps

Department of Endocrinology

What is the thyroid?

The thyroid is a gland at the base of your neck, just below your 'Adam's apple', near your windpipe. It makes thyroid hormones, which are chemical messengers produced by your glands and carried in the blood. Thyroid hormones control the body's metabolism (use of energy), which is important to keep the brain, heart, muscles and other organs working normally.

Why have I been referred?

You have been referred because you may have a small lump in your thyroid gland. These lumps are common and usually nothing to worry about. About 95% are benign (not cancerous). Thyroid cancer is rare. Most thyroid cancers are treatable and curable. You have been referred for further tests.

What tests will I have?

Blood test

You will usually have a blood test to check your thyroid hormone and thyroid antibody levels. In most patients with a thyroid lump, the thyroid gland is working normally, and the blood test results are normal. Some thyroid lumps make higher levels of thyroid hormones than normal, which would need treatment.

Ultrasound scan

You may have an ultrasound scan to look at the structure of your thyroid and the lump in more detail. The scan may also look at the lymph glands in your neck. Ultrasound can also be used to guide a fine-needle aspiration biopsy, described below.

Uptake scan

You may have a thyroid uptake scan. This is similar to having an X-ray, but a tiny amount of a radioactive chemical is injected into a vein before the pictures are taken. This shows how your thyroid and the lump are working. A special camera will take pictures of your neck from different angles. This is not an enclosed scan. The chemical leaves your body quickly. Usually this sort of scan would not be recommended if you are pregnant or breast-feeding.

Fine-needle aspiration biopsy

This is similar to a blood test, but taken directly from the lump, using an ultrasound scan to guide the needle. A very fine needle is inserted into the lump, and a sample of cells is taken out. The cells are examined under a microscope.

After the biopsy you may experience a little discomfort, especially when you swallow, but this should improve quickly, and settle completely over 1-2 days. You can use paracetamol if needed. You may also have a little bruising around the area where the needle was inserted: this should settle within about a week. If the lump was mainly due to fluid (a cyst) the fluid may slowly collect again over a few weeks: this is nothing to worry about.

How and when will I receive my test results?

It usually takes a couple of weeks to receive the results for the scans and the biopsy. You will either be informed of the result by letter or telephone, or at a clinic appointment. If you have not heard anything after 3 weeks, you should contact the department (contact details are listed at the end of this information leaflet).

What are the possible outcomes of these tests?

In most cases, the lump is benign (not cancer). Sometimes the results are unclear, and the doctor may recommend repeating the fine-needle aspiration biopsy. If the tests show no evidence of thyroid cancer, this is very reassuring, and your risk of developing thyroid cancer in the future is no different to anybody else.

In approximately one out of twenty cases (5%), the biopsy suggests that the lump might be thyroid cancer. In about another one in twenty (5%) of cases, the result may be suspicious for cancer, but a definite diagnosis cannot be made. The doctor will discuss this with you in detail, and in most cases you will need an operation to remove part or all of your thyroid gland. Most thyroid cancers are treatable and curable. Contact details for the British Thyroid Foundation, which provides further information about thyroid cancer, can be found at the end of this information leaflet.

Do I need to look out for anything in the future?

If you develop new symptoms, you should let your GP know. In relation to thyroid swellings, some symptoms should not be ignored, especially if they are persistent or progressive.

These include:

- the lump getting bigger
- the lump feeling harder
- a new lump developing
- difficulties breathing or swallowing
- a hoarse voice

Your risk of thyroid cancer is increased if you have had radiotherapy treatment to your neck earlier in your life, or if other family members have certain types of thyroid cancer.

Patient support organisations

British Thyroid Foundation

www.btf-thyroid.org

Local contact details

RSCH endocrinology secretaries

01273 696955 Ext. 64311

PRH endocrinology secretaries

01444 441881 Ext. 8400 (Dr Wheatley)

Ext. 8089 (Dr Parthasarathy)

Secretary to Mr Zammit (thyroid surgeon)

01273 696955 Ext. 7285

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