

INTRODUCTION

Clinically apparent thyroid nodules occur in about 5 percent of the population. Because most patients with thyroid nodules present initially to their primary care physician, family physicians should have a thorough understanding of the diagnosis and treatment of thyroid nodules. The history and physical examination may be helpful in detecting thyroid nodules but are not useful in predicting malignancy. Furthermore laboratory studies, ultrasonography and nuclear medicine scans do not reliably differentiate between benign and malignant thyroid nodules in most cases (*Rifat & Ruffin, 1994*). Modern protocols for the management of patients with palpable thyroid nodules agree that fine-needle aspiration is the first examination to be performed. However, they differ very much in the role attributed to scintigraphy and ultrasound examinations. In some protocols, these two techniques are not considered, whereas in others they are recommended at the end of diagnostic workup to select for surgery those nodules with nondiagnostic or suspect fine-needle aspiration biopsy results (*Capri et al., 1999*).