Reliabilty of sonographic features in different thyroid nodules

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Thyroid nodules are a common finding in general population living in iodine sufficient areas; their prevalence dramatically increasing in areas of iodine deficiency (Belfiore et al; 1995).The great majority of thyroid nodules are benign nodules, less than 5% of them being malignant (carcinoma) (Rago et al; 1998).While cytological examination of fine needle aspirate due to its high sensitivity and specificity is the best single test for discriminating malignant thyroid nodules (Gharib; 1994)Several studies have been performed to establish the ability of thyroid ultrasonography to differentiate benign from malignant thyroid nodules. Indeed, compared with FNAC, thyroid US has the advantage of being a non invasive procedure and giving immediate information (Rago et al; 1998).FNA biopsy can be used to distinguish thyroid nodules that might have a higher risk of malignancy (i.e., neoplasms), and would thus require surgical excision, from goitrous nodules or thyroiditis, which can be managed medically.The absence of halo surrounding the nodule was the pattern most predictive for malignancy on conventional US. This sign was found in 66.6% CA and in 23% BN. The sensitivity (66.6%) and specificity (77.0%) of this sign was higher than in other reports.