



ASK DR. BOB . . .

with Dr. Bob Frank

THYROID DISEASE

I was asked by one of the readers of FYI to write my article on thyroid disease, so I am happy to do so. Obviously, it is impossible to thoroughly cover all aspects of thyroid disease in a brief article, but I will try to highlight the most common and important conditions. An enlarged thyroid is referred to as a goiter, and often this goiter is nodular. If there is a multi-nodular goiter, the concern for cancer is extremely low. However, if there is a solitary nodule, tests must be performed to try and determine if it is solid or cystic. Solid nodules may be cancerous, and this can be diagnosed with a needle biopsy. Thyroid cancer is most prevalent in younger females, and is very often curable, even if it has spread to the local lymph nodes. Surgery is performed along with the administration of radioactive I-131, which kills the remainder of the thyroid tissue.

The most common thyroid condition, again more common in females, is that of an under active thyroid referred to as hypothyroidism. There are many causes. Years ago iodine deficiency was the most common. This is the reason we have iodized salt, which has eliminated iodine deficiency for the most part. Currently, the most common cause of hypothyroidism is caused by an autoimmune inflammation of the

thyroid referred to as Hashimoto's thyroiditis. This often requires treatment with thyroid replacement medication. In most cases of hypothyroidism medication must be taken life long. Severe hypothyroidism that is not treated could be fatal.

The thyroid can also become overactive, referred to as hyperthyroidism or thyrotoxicosis. This can be caused by an isolated overactive benign nodule that is producing too much thyroid hormone. This can be treated with either surgery or I-131 and is readily curable. Hyperthyroidism can also be caused by a diffusely enlarged gland, in which the entire gland is over producing thyroid hormone. In this case, treatment is with I-131, usually with excellent results. Unfortunately, many people treated with I-131 in this manner later develop hypothyroidism. In such cases, they may end up having to take thyroid replacement the remainder of their lives.

In the past, treatment for hypothyroidism was simply to give a fixed dose of thyroid hormone, not being too concerned with the actual dosage. Recent research has found that many of these people are taking too much thyroid hormone, which may have subtle long-term deleterious effects. This includes an increased risk of osteoporosis. For this reason, doctors are monitoring more closely the dose of thyroid replacement in an effort not to over treat.

From the underwriting standpoint, hypothyroidism is not a concern and is standard if properly treated. If a person has active hyperthyroidism, the case is usually postponed until treatment is given and the condition controlled. The main concern is that of individuals with solitary thyroid nodules. If the nodule has not been evaluated with an echogram, then we cannot determine if it is cystic or solid, and thus cannot determine if it could be cancerous. If the echo has been done and it is solid, this means it is a tumor, although it could be benign or malignant. Again, the case often needs to be postponed until the biopsy is performed to rule out malignancy.

I would be happy to answer any questions regarding thyroid disease, please feel free to call me at ext. 2461.