

Research Article

Role of Elastography in Evaluation of Thyroid lesions Submitted for Partial Fulfillment of Master degree In Diagnostic

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Abstract

Introduction : Elastography is a new imaging modality that maps the elastic properties of soft tissue⁽¹⁾. The main idea is that whether the tissue is hard or soft will reflect a diagnostic information about the presence or status of disease. For example, tumors will often be harder than the surrounding tissue.⁽²⁾ Elasticity is the tendency of a tissue to resume the original size and shape; while strain is the level of change in size or shape in response to external compression (stress)⁽³⁾ **Aim of the work:** The aim of this study is to assess the role of Ultrasound Elastography in evaluation of thyroid nodules. **Anatomy of the thyroid gland:** The thyroid gland is placed anterior in the lower neck at the level of 5th cervical to 1st thoracic vertebrae. It consists of 2 lateral lobes interconnected in front of the second, third and fourth tracheal rings by narrow median isthmus⁽¹⁹⁾. **Patients and methods:** The objective of this study is to assess the diagnostic accuracy of US elastography in evaluation of thyroid nodules using the cytological & histopathologic analysis as the reference standard.

Key words : US Elastography, thyroid nodules, Multinodular goiter, elasticity score.

Introduction

Elastography is a new imaging modality that maps the elastic properties of soft tissue⁽¹⁾.

The main idea is that whether the tissue is hard or soft will reflect a diagnostic information about the presence or status of disease. For example, tumors will often be harder than the surrounding tissue.⁽²⁾

Elasticity is the tendency of a tissue to resume the original size and shape; while strain is the level of change in size or shape in response to external compression (stress)⁽³⁾

Elastography provides information about the stiffness in a particular tissue similar to what palpation of a lesion would do. Most malignant tumors have abnormally firm stroma because of the presence of collagen and myofibroblasts.⁽⁶⁾

In Real Time Elastography, compression is applied to the area with a probe, and strain

characteristics, which is formed as a response to the applied force, are coded on gray scale images. In general, stiff tissues are coded as blue, soft tissues are red and tissues with average stiffness are coded as green⁽⁷⁾.

Thyroid nodules are reported to be found in 33% of unselected adults between the age of 18 and 65 years and in 50% of the population of over 65 years of age⁽¹⁵⁾. Although the majority of the thyroid nodules are benign, malignancy has a prevalence of 5%–15%⁽¹⁶⁾.

Aim of the work

The aim of this study is to assess the role of Ultrasound Elastography in evaluation of thyroid nodules.

Review of Literature

The thyroid gland is placed anterior in the lower neck at the level of 5th cervical to 1st thoracic vertebrae. It consists of 2 lateral lobes interconnected in front of the second, third and fourth tracheal rings by narrow median isthmus⁽¹⁹⁾.

Anatomy of the thyroid gland

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Patients and methods

The objective of this study is to assess the diagnostic accuracy of US elastography in evaluation of thyroid nodules using the cytological & histopathologic analysis as the reference standard.

<i>Results</i>	Range		Mean	Std. Deviation
	Minimum	Maximum		
Age	9.00	80.00	36.2000	16.11341
Weight	17	95.00	69.20	19.96
Height in meter	1	1.80	1.59	.17
BMI	10.06	32.42	26.56	4.89
SBP	100	150	118	11.05
DBP	70	90	77	6.56

References

1. Bhatia KS, Rasalkar DP, Lee YP, Wong KT, King AD, Yuen HY et al., "The spectrum of thyroid disease in a Wells, P. N. T., "Medical ultra-sound: imaging of soft tissue strain and elasticity". Journal of the Royal Society, Interface. (2011).8(64): 1521–1549.
2. Sarvazyan A, Hall TJ, Urban MW, Fatemi M, Aglyamov SR, Garra BS. Overview of elastography—an emerging branch of medical imaging. Current Medical Imaging Reviews, 2011, 7(4):255-282.
3. Wells PN, Liang HD. Medical ultra-sound: imaging of soft tissue strain and elasticity. J R Soc Interface 2011;54:1–29.
4. Regini E, Bagnera S, Tota D, et al., Role of sonoelastography in characterising breast nodules. Preliminary experience with 120 lesions. Radiol Med 2010;115:551–62.
5. Itoh A, Ueno E, Tohno E, et al., Breast disease: clinical application of US elastography for diagnosis. Radiology 2006; 239:341–50.
6. Mai KT, Perkins DG, Yazdi HM, et al., Infiltrating papillary thyroid carcinoma: review of 134 cases of papillary carcinoma. Arch Pathol Lab Med. 1998; 122(2):166–171.
7. Shuzhen C. Comparison analysis between conventional ultrasonography and ultrasound elastography of thyroid nodules. Eur J Radiol. 2012;81(8): 1806–11.
8. Onur MR, Goya C. Ultrasound elastography: Abdominal applications. Türkiye Klinikleri J Radiol-Special Topics. 2013;6(3): 59–60.
9. Rubaltelli L, Corradin S, Dorigo A, et al., Differential diagnosis of benign and malignant thyroid nodules at elasto-sonography. Ultraschall Med. 2009;30 (2):175–79.
10. Cakir B, Aydin C, Korukluoglu B, et al., Diagnostic value of elastosonographically determined strain index in the differential diagnosis of benign and malignant thyroid nodules. Endocrine. 2011;39(1):89–98.
11. Lyshchik A, Higashi T, Asato R, et al., Thyroid gland tumor diagnosis at US elastography. Radiology. 2005; 237(1): 202–11.
12. Bamber J, Cosgrove D, Dietrich CF, et al., EFSUMB guidelines and recommendations on the clinical use of ultrasound elastography. Part 1: Basic principles and technology. Ultraschall Med. 2013;34(2):169–84.
13. Kim JK, Baek JH, Lee JH, Kim JL, Ha EJ, Kim TY, et al., Ultrasound elastography for thyroid nodules: a reliable

- study? *Ultrasound Med Biol.* 2012; 38:1508–1513.
14. Bhatia KS, Rasalkar DP, Lee YP, Wong KT, King AD, Yuen HY, et al., Cystic change in thyroid nodules: a confounding factor for realtime qualitative thyroid ultrasound elastography. *Clin Radiol.* 2011;66:799–807.
 15. C. Reiners, K. Wegscheider, H. Schicha et al., “Prevalence of thyroid disorders in the working population of Germany: ultrasonography screening in 96, 278 unselected employees,” *Thyroid*, 2004, vol. 14, no. 11, pp. 926–932.
 16. W. M. Tumbridge, D. C. Evered, R. Hall, et al., “The spectrum of thyroid disease in a community: the Wickham survey,” *Clinical Endocrinology*, vol. 7, pp. 481–493, 1997.
 17. Pol J *Radiol. Sonographic Elastography of the Thyroid Gland.* 2016; 81: 152–156.
 18. Smith CPW, Williams PL and Treadgol S. :Basic Human Embryology. Thi - Pitman Publishing Limited, 3rd ed:1984.
 19. Pansky B.: Review of gross anatomy, Macmillan Publishing Company, 5th Ed:1984.
 20. Mc Vay CB ;Surgical anatomy, W.B. Saunders, 6th Ed:1984. Last RJ: Anatomy regional and applied, 7th Ed. English Language Society/ Churchill Livingstone: 1984.
 21. Morley P: Ultra sonic Sectionional anatomy, the thyroid and adjacent soft tissues of the neck, Churchilliving stone: 1983
 22. Hofer & Matthias. *Ultrasound Teaching Manual.* Thieme: 2005.
 23. Schorzman L.: High Resolution Ultrasonography of Superficial Structures, Text Book of Diagnostic Ultrasonography. Sandral Hagen Ansert, C.V. Mosby Co: 1983.
 24. Ahuja, A.T., and R.M. Evans. Practical head & neck ultrasound. Cambridge Univ Pr: 2000.
 25. Nam-Goong IS, Kim HY, Gong G, et al., Ultrasonography-guided fine-needle aspiration of thyroid incidentaloma: correlation with pathological findings. *Clin Endocrinol (Oxf)*,60:21-28:2004.
 26. Frates MC, Benson CB, Charboneau JW, et al., Management of thyroid nodules detected at US: Society of Radiologists in Ultrasound consensus conference statement. *Radiology*, 237:794-800: 2005.
 27. Brander AE, Viikinkoski VP, Nickels JI, et al., Importance of thyroid abnormalities detected at US screening: a 5-year follow-up. *Radiology*, 215:801-806: 2000.
 28. Alexander EK, Hurwitz S, Heering JP, et al., Natural history of benign solid and cystic thyroid nodules. *Ann Intern Med*, 138:315-318: 2003.
 29. Brauer VF, Eder P, Miehle K, et al., Interobserver variation for ultrasound determination of thyroid nodule volumes. *Thyroid*,15:1169- 1175: 2005.
 30. Lee MJ, Kim EK, Kwak JY, et al., Partially cystic thyroid nodules on ultrasound: probability of malignancy and sonographic differentiation. *Thyroid*, 19:341-346: 2009.
 31. Bonavita JA, Mayo J, Babb J, et al., Pattern recognition of benign nodules at ultrasound of the thyroid: which nodules can be left alone? *AJR Am J Roentgenol*, 193:207-213 9: 2009.
 32. Moon Hee Jung., Ji Min Sung, Eun-Kyung Kim, et al., Benign and malignant thyroid nodule:US differentiation—multicenter retrospective study. *Radiology*, 247: 762-770: 2008
 33. Kim EK, Park CS, Chung WY, et al., New sonographic criteria for recommending fine needle aspiration biopsy of nonpalpable solid nodules of the thyroid. *AJR Am Roentgenol*, 178: 687-691: 2002.
 34. Alexander EK, Marqusee E, Orcutt J, et al., Thyroid nodule shape and prediction of malignancy. *Thyroid*; 14: 953-958: 2004.
 35. Hoang JK, Lee WK, Lee M, et al., US features of thyroid malignancy: pearls and pitfalls. *Radiographics*, 27:847-860: 2007.