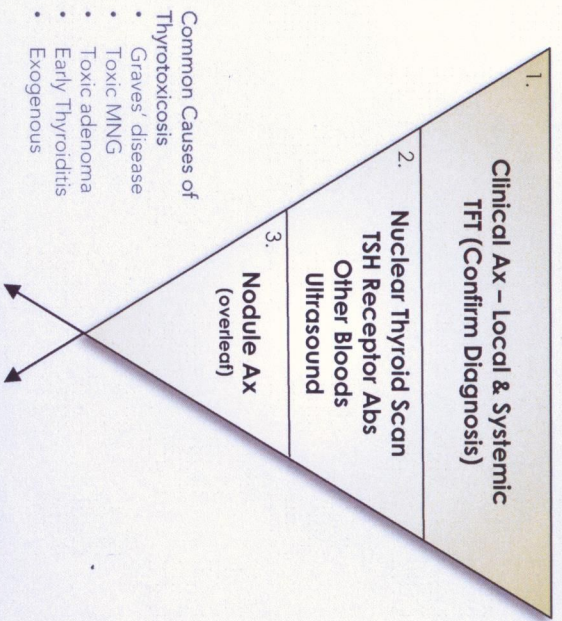




Thyrotoxicosis



- Common Causes of Thyrotoxicosis
- Graves' disease
 - Toxic MNG
 - Toxic adenoma
 - Early Thyroiditis
 - Exogenous

1. Confirm the diagnosis with TFTs, recognising that the toxicity can be overt or subclinical. All patients with symptomatic toxicity should be treated.
2. Nuclear medicine thyroid scan and TSH receptor antibodies (TRAb) are used to determine the underlying cause of the toxicity. It is useful to add other blood tests (esp FBE, LFT) in preparation for further treatment.. US gives useful morphological information about the gland.
3. Any nodule detected in a patient presenting with thyrotoxicosis needs to be assessed as per usual.

- For Medical Mx:
- First-line for Graves' disease without compressive symptoms
 - Small toxic adenoma
 - Thyroiditis
 - Poor surgical candidate

- For Surgical Mx:
- Failed medical tx
 - Toxic MNG
 - Compressive symptoms
 - Pregnant or pregnancy desired / urgency
 - Thyroid eye disease

- Contraindication for antithyroid drugs or RAI
- Malignancy not ruled out
- Patient preference

Medical Options:

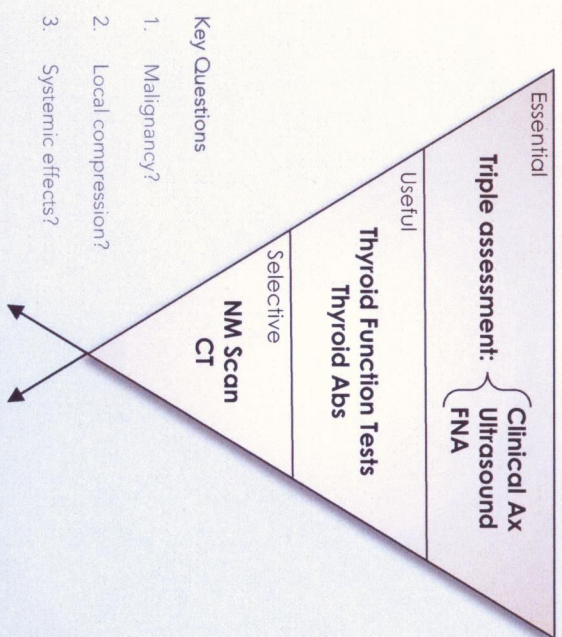
- Carbimazole / PTU
- Radioactive Iodine (RAI)

All referrals:

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Thyroid Nodule



- Key Questions
1. Malignancy?
 2. Local compression?
 3. Systemic effects?

Regardless of how the nodule is initially detected, it needs to be subjected to the same assessment process. A multinodular goitre (MNG) has the same risk of harbouring malignancy as a normal thyroid gland. Clinical assessment includes local effects, systemic effects, family history and exposure to external irradiation. Suspicious ultrasonic features include hypoechogenicity, irregular margins, disruption of tissue planes, microcalcifications, internal vascularity, etc. A non-diagnostic FNA is not the same as a benign FNA result. TFTs and thyroid antibodies are not essential in the work-up of thyroid nodules, but they provide useful information. Other blood tests to consider include Ca⁺⁺, PTH, FBE, CUE, LFT, Coags. Nuclear medicine scan is only indicated if the TSH is suppressed. CT scan is indicated if the goitre is retrosternal or invasion of surrounding structures is suspected.

- For observation if:
- ✓ Benign FNA
 - ✓ No suspicions on clinical ax or imaging
 - ✓ Asymptomatic
 - ✓ Euthyroid

- For further mx if:
- Malignancy not ruled out
 - Obstructive symptoms
 - Thyrotoxicity
 - Retrosternal goitre
 - Unusual pathology
 - Patient request
 - Uncertain diagnosis

Surveillance:

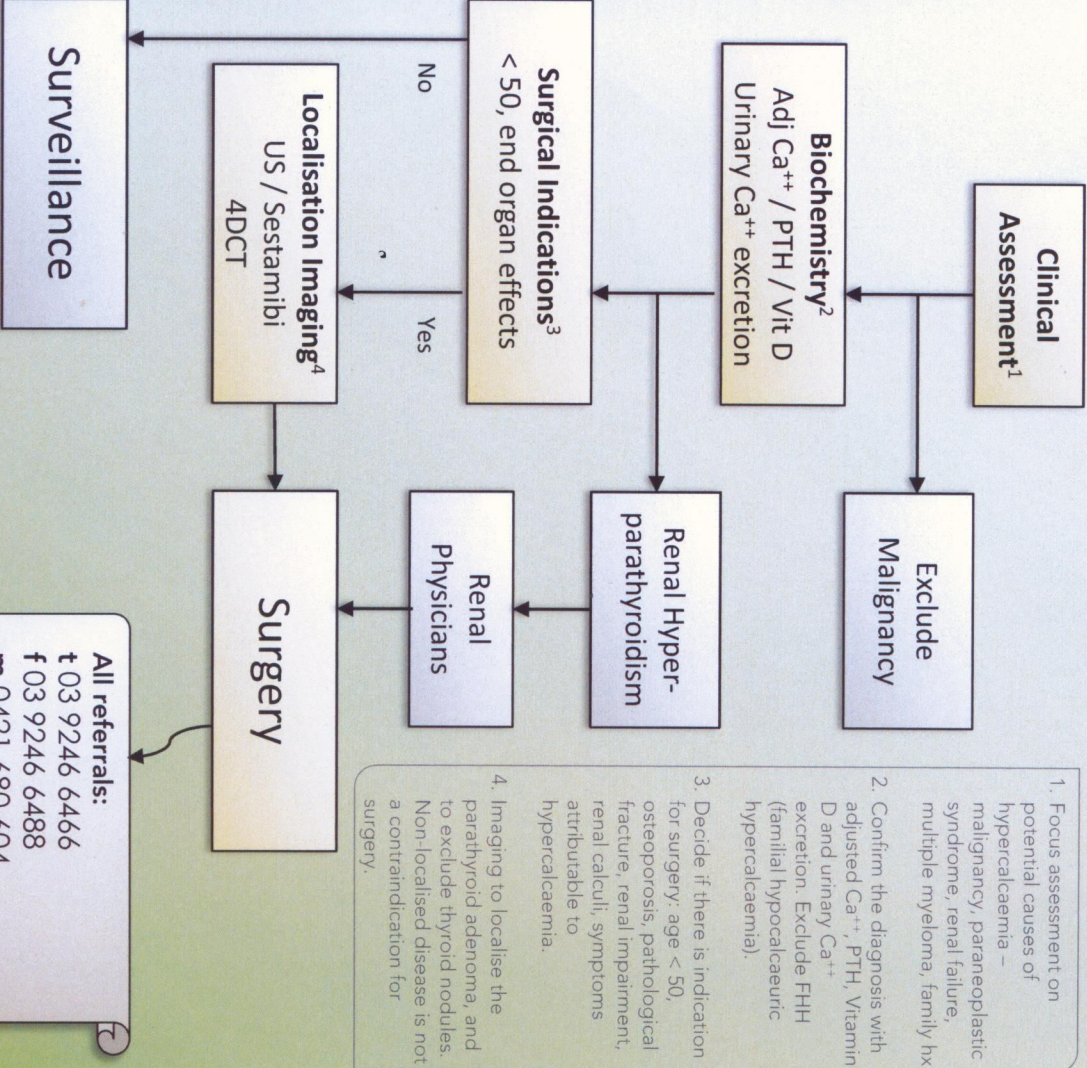
- Yearly clinical ax & US for 3 – 5 years
- Repeat work-up if symptoms change

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Hypercalcaemia / Hyperparathyroidism



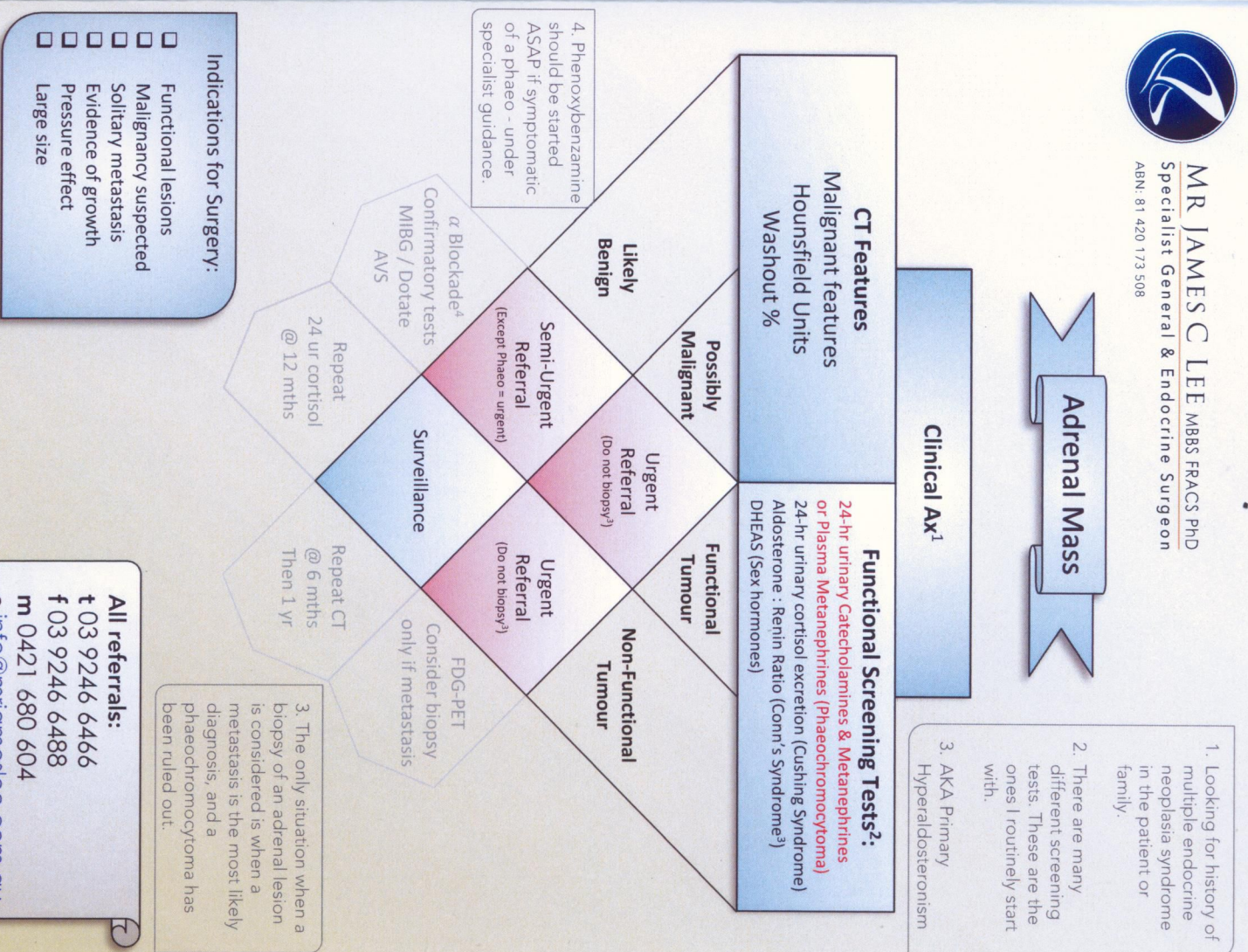
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Adrenal Mass



Indications for Surgery:

- Functional lesions
- Malignancy suspected
- Solitary metastasis
- Evidence of growth
- Pressure effect
- Large size

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