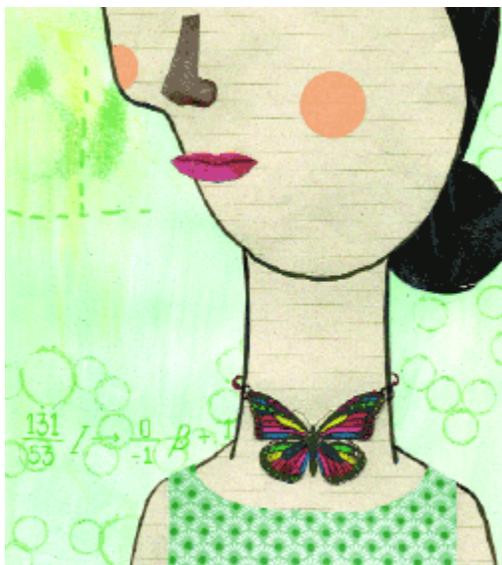


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HEALTH: Swell Times, thyroid swelling can be a sign of something worse

[BROBSON LUTZ, M.D.](#)

My hair was getting thinner, and my nails were splitting. I was not happy,” says Dell Jordan, a nurse who managed two hospital nursing units and the joint-replacement program at Memorial Medical Center until she retired about a year ago. “For the first time ever, I would wake up at night and be unable to get to sleep again. But most of all, I was extremely nervous and irritable. Then I noticed some swelling at the front of my neck, the right side. “Dr. Sam Andrews was on-call for my usual internist, and I showed it to him. I was still



working at the hospital and knew it was my thyroid.” This was fortuitous as Andrews is an internist with a subspecialty in endocrinology. “All my thyroid blood tests were normal, though. Dr. Andrews did a needle biopsy of the swollen part of my thyroid. He actually did two biopsies. I had a multinodular goiter. A couple of months later, my thyroid hormone levels were higher than normal. He treated me with an injection of radioactive iodine to shrink my thyroid.” “I asked him why he didn’t treat me sooner with radioactive iodine. He said he was letting me lose a few more pounds first. That was fine with me,” adds Jordan. Jordan quickly tired of a “retirement” of martini lunches and shopping sprees. After Katrina, she was eating in Fury’s, a Metairie shrine for Italian-Creole home cooking. “John Fury told me he needed a hostess. I told him I would help, and I have been here ever since.” says Jordan. The normal thyroid weighs about an ounce. Its two lobes tightly cling to the lower portion of the neck like the wings of a glued-on butterfly. When the thyroid or a part of it enlarges, its understated elegance transforms into very noticeable costume jewelry. Thyroid tissue is prone to develop small protruding knobs or lumps called nodules which can often be felt before there is any visible swelling. These nodules are extremely common, and

women are five times more likely to develop thyroid nodules than men. They can cause both cosmetic and hormonal problems.

Fortunately, most of these growths are benign, but a small percentage contains cancer cells. Firm or hard nodules are more likely to be malignant. Radiation treatments for acne and enlarged thymuses were popular in the mid-1900s, and persons treated with head or neck radiation at an early age are also more likely to harbor malignant cells in thyroid nodules. Thyroid disorders run in families. The genes are handed down from mother to daughter just like passing jewelry from one generation to the next. Jordan’s older sister and her twin sister Nell had distant brushes with thyroid problems. Most persons with thyroid nodules have normal thyroid hormone levels. The most sensitive screening test for thyroid function is the TSH or thyroid-stimulating hormone assay. The name says it all. TSH is a circulating hormone released from the brain’s pituitary gland, which stimulates the thyroid gland to release thyroid hormone. If aberrant thyroid cells are releasing too much thyroid hormone due to any reason, the TSH level will be low. If there is a deficiency of thyroid hormone, the TSH soars to high numbers. Another test for a person with a thyroid nodule is an isotope nuclear thyroid scan. Palpable nodules are classified as hot, warm or cold. Hot nodules are nests of uncontrolled thyroid tissue and are seldom malignant. This was the type of nodule that Jordan developed. Her excess thyroid production caused hair loss, brittle nails and increased nervousness. Warm nodules resemble normal thyroid tissue and are seldom malignant. Cold nodules do not make excess hormone, but these are more likely to be malignant. Endocrinologists such as Andrews use a small needle to aspirate fluid from these small nodules. This procedure, called a fine needle aspiration biopsy, works like a Pap test. The aspirated fluid is stained and studied under a microscope. It often takes a couple of biopsies under ultrasound guidance to obtain enough cells, but this is an important way to determine if any malignancy is present. Surgery is no longer needed for thyroid nodules unless a fine needle biopsy shows the presence of malignant cells or if there are suspicious findings in a patient’s history or physical examination. Overactive nodules can be treated with drugs or radioactive iodine injections to suppress the rogue thyroid hormone-producing cells. Most women with thyroid nodules have no symptoms. It is the most common endocrine problem in practice today, and the dilemma is to identify the nodules that are malignant. Women often detect a nodule themselves or a friend notices a new bulge in the neck area. Nodules can be solitary or multiple, smooth or nodular, soft or hard, painful or painless, and slow or rapid in growth. A solitary single nodule is more suspicious for cancer than multiple nodules. Worldwide, huge thyroid growths or goiters are usually caused by iodine deficiency, but this is a rare etiology of thyroid disorders in the United States. Most large goiters in New Orleans are due to Graves’ disease, an autoimmune disease with a strong genetic component known for causing bulging of the eyes. The only thyroid follow-up that Jordan needs now is a thyroid blood test three or four times a year. Persons who receive radioactive iodine often become hypothyroid over time. Early detection and treatment with a thyroid supplement can prevent onset of hypothyroidism symptoms. “People come in Fury’s who know me from the Baptist. They think Mr. Johnny hired me because I was a nurse. Nobody has choked here yet, and besides, I don’t want to be around one more sick person,” “Try our fried chicken,” she adds. “It takes a while since it is always cooked to order. It is the best in the city.”