

GRAND ROUNDS

There are no Grand Rounds scheduled for August. Grand Rounds will resume Sept. 2.

CONTINUING MEDICAL EDUCATION

Aug. 27

Maternal Fetal Medicine Journal Club/Lecture Series: **Cerclage for Shortened Cervix** by Oscar Andujo, M.D., Assistant Professor, Obstetrics & Gynecology; UT Southwestern. 6 p.m., Ambulatory Care Pavilion conference center at Children's at Legacy campus in Plano. RSVP to 469-303-3593 or email leah.lawrence@childrens.com

MEDICAL UPDATE: Thyroid nodules merit close evaluation

Thyroid nodules are an uncommon problem in children, but it is important to evaluate them appropriately. The most common diagnoses include thyroiditis, benign colloid nodules or adenomas, but in 11 to 20 percent of cases they may be associated with thyroid carcinoma. In most large pediatric series, thyroid nodules occur most commonly in adolescent females, outnumbering males approximately 2 to 1.

The evaluation of a child with thyroid disease should begin with a physical examination of the neck. The size of the gland, as well as its consistency, should be assessed. Diffuse enlargement makes the diagnosis of simple colloid goiter more likely. If the child is hyperthyroid, Graves' disease should be suspected. Chronic lymphocytic (Hashimoto's) thyroiditis is classically associated with a gland that feels granular or pebbly in nature. Firmness in the gland suggests an infiltrative process, while a very hard gland is more suspicious for neoplasia.

The majority of patients will come to clinical attention because of a mass in their neck; it is unusual to have an abnormal hormone level in the setting of a single thyroid nodule. Laboratory evaluation usually begins with evaluation of thyroid function, by measuring TSH and free T4 levels, evalu-

ation for Hashimoto's thyroiditis and Graves' disease by measuring antibodies against thyroglobulin, peroxidase and the TSH receptor.

It is widely accepted that thyroid nodules in adolescent patients may be safely evaluated with fine needle aspiration cytology (FNA). The results of FNA cytology will either indicate unequivocal cancer, a benign lesion, or the lesion will be suspicious for carcinoma. If the nodule is judged to be benign, it can be followed with serial physical examinations and ultrasound studies. Surgical resection should be performed if symptoms are present, if the cytology exhibits malignant or suspicious findings, or if a benign nodule is shown to increase in size. Whereas exogenous thyroid hormone has in the past been administered to shrink benign thyroid nodules, studies have shown that such treatment is ineffective.

For more information please email Michael Skinner, M.D., at michael.skinner@childrens.com. Dr. Skinner holds the Edwin Ide Smith, M.D., Professorship in Pediatric Surgery chair at UT Southwestern Medical Center and is a professor of Surgery.

SERVICE UPDATE: Pathology Laboratory earns Lab of the Year honors

The Pathology Laboratory at Children's has won the prestigious national Medical Laboratory of the Year award from *Medical Laboratory Observer* magazine, a peer-reviewed management source for laboratory professionals.

The lab was selected for its superior abilities to fulfill eight criteria: Innovations; Creativity; Efficiency; Customer Service; Contributions to Patient Care; Teamwork; Productivity; and Quality Control.

The lab also was judged on its inspection scores, which included its recognition

by The Joint Commission for best practice in Performance Improvement processes during the last survey.

The lab is a full-service anatomic and clinical laboratory tailored for children. Its personnel includes internationally acclaimed faculty with specialty and subspecialty board certification as well as specialized pediatric phlebotomists. Because of its state-of-the-art equipment, the lab can accommodate pediatric sample volumes and employ specialized testing developed specifically for pediatric patients.

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