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Editorial

A Brief Note on Thyroid Cancer

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DESCRIPTION

Thyroid cancer is a type of cancer that arises from the thyroid gland's tissues. It is a condition in which cells grow improperly and can spread to other parts of the body. Swelling or a bump in the neck are common symptoms. Cancer can also move from other parts of the body to the thyroid, in which case it is not categorised as thyroid cancer.

Radiation exposure as a child, an enlarged thyroid, and a family history are all risk factors. Papillary thyroid cancer, follicular thyroid cancer, medullary thyroid cancer, and anaplastic thyroid cancer are the four primary kinds. Ultrasound and tiny needle aspiration are frequently used to make a diagnosis. As of 2017, screening patients who have no symptoms and are at normal risk for the disease is not suggested.

Surgery, radiation therapy, including radioactive iodine, chemotherapy, thyroid hormone, targeted therapy, and cautious waiting are all possible treatment options. The thyroid may be removed in part or in its entirety during surgery. In the United States, five-year survival rates are 98 percent.

Thyroid cancer affects 3.2 million people worldwide as of 2015. In the year 2012, 298,000 new cases were reported. Between the ages of 35 and 65, it is most typically diagnosed. Those of Asian ancestry are more likely to be harmed. The increase in rates over the last few decades is thought to be related to better detection. It resulted in 31,900 deaths in 2015.

A nodule in the thyroid area of the neck is the most common early symptom of thyroid cancer. Although up to 65 percent of adults have tiny nodules in their thyroids, only about ten percent of these nodules are malignant. An enlarged lymph node is sometimes the first sign. Later symptoms include pain in the anterior region of the neck and alterations in voice caused by recurrent laryngeal nerve involvement.

Thyroid cancer is most commonly diagnosed in euthyroid patients, but hyperthyroidism or hypothyroidism symptoms may be linked to a big or metastatic, well-differentiated tumour. When thyroid nodules are discovered in people under the age of 20, they are very concerning. Because benign nodules are less likely to emerge at this age, the risk of cancer is much higher.

Thyroid malignancies are suspected to be linked to a variety of environmental and genetic predisposing factors, but their causes are yet unknown.

Environmental exposure to ionising radiation from both natural and artificial sources is thought to play a role, and those exposed to mantlefield radiation for lymphoma, as well as those exposed to iodine-131 following the Chernobyl, Fukushima, Kyshtym, and windscale nuclear disasters, have significantly higher rates of thyroid cancer. Thyroid cancer is also predisposed by thyroiditis and other thyroid conditions.

In the most of instances, thyroid cancer is treated with a thyroidectomy and dissection of the central neck compartment.

Surgery may be used in patients less than 65 years old who have thyroid and dissection of the central neck compartment. Surgery is advised if the diagnosis of well-differentiated thyroid cancer is established or suspected by FNA, although no evidence-based guidelines support a watchful waiting strategy.

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