

On-site pathology improves the inadequacy rate of ultrasound-guided thyroid biopsies

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Having a pathologist on-site during ultrasound-guided thyroid biopsies can decrease the number of repeat biopsies that are often performed due to an inadequate sample from the first procedure, according to a study to be presented at the ARRS 2010 Annual Meeting in San Diego, CA.

"Requests for ultrasound-guided biopsies for the diagnosis of [thyroid nodules](#) have increased rapidly in recent years, putting a strain on radiology departments everywhere," said Wui K. Chong, MD, lead author of the study. Unfortunately, there are a number of inadequate biopsies (where the pathologist deems there is an insufficient amount of information to make a diagnosis) that ultimately must be repeated.

"Repeat [biopsy](#) is unpleasant and inconvenient for the patient and is obviously wasteful. Having a pathologist on-site to review the specimen can cut down on the number of patients returning for repeat biopsy, thus making more efficient use of resources," said Chong.

The study, performed at the University of North Carolina in Chapel Hill, NC, compared 200 biopsies that were performed with a pathologist on-site and 200 that were not. "We found that all other factors being equal, 13.5 percent of biopsies performed without a pathologist on-site were inadequate, compared to only 5 percent that were performed with a pathologist on-site," said Chong.

"As a result of this study, we recommend that radiologists performing large numbers of [thyroid](#) biopsies use on-site [pathology](#) as it may reduce

the need for repeat biopsy by up to 60 percent," he said.

Provided by American College of Radiology

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