



GE HealthCare

Reliability, productivity and image quality:

The role of Versana Premier in otolaryngology

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Clinical case of papillary thyroid carcinoma

2024

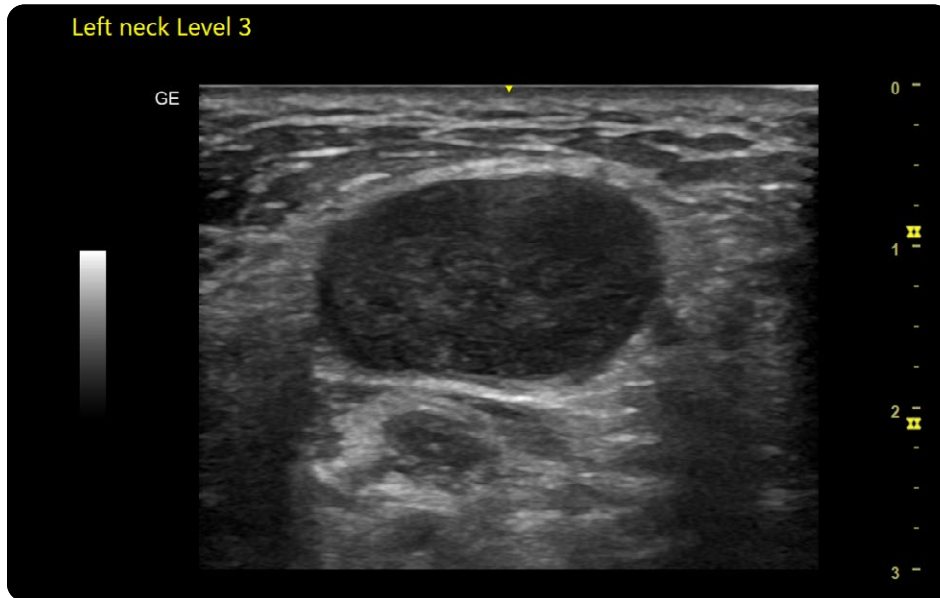
The following case was obtained by
Dr. Dhingra using a Versana Premier.™

Dr. Dhingra is a paid consultant for GE HealthCare and was compensated for participation in this case study. The statements by Dr. Dhingra described here are based on his own opinions and on results that were achieved in his unique setting. Since there is no "typical" hospital and many variables exist, i.e. hospital size, case mix, etc., there can be no guarantee that other customers will achieve the same results.



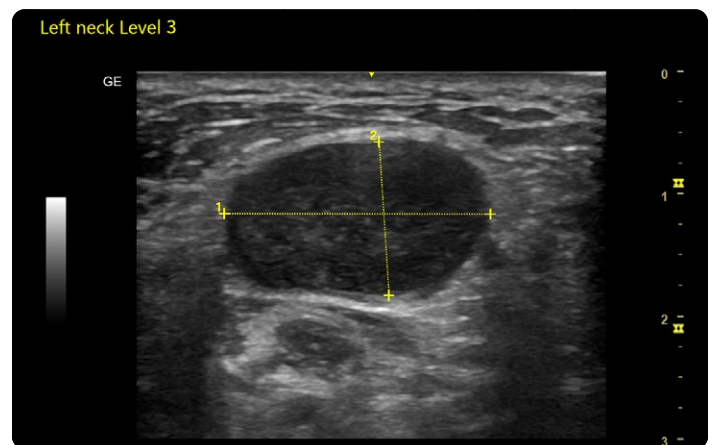
A case of papillary thyroid carcinoma

Clinical presentation



- 67-year-old male with no family history of thyroid cancer
- No history of radiation or chemical exposure
- Non-smoker
- No upper aerodigestive tract symptoms
- Presents with a four-week history of a left neck mass
- Computed tomography is consistent with a large, left-sided, level 2 lymph node
- Ultrasound revealed a 1 cm, solid, hypoechoic nodule with echogenic foci in the inferior region of the left lobe of the thyroid

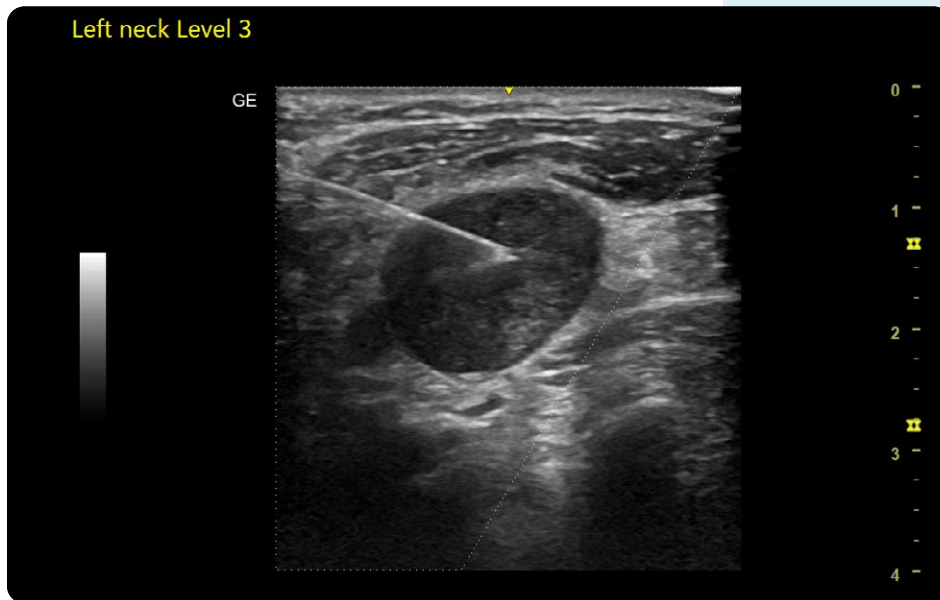
Key findings



Thyroid nodule measurements was wider than tall and lymph node measurement width to length ratio was greater than 50%. Longitudinal plane identifies an additional 1 cm mass.

A case of papillary thyroid carcinoma *cont.*

Key findings



Utilized feature: Ultrasound-guided fine needle aspiration was performed using Versana Premier Needle Guide Feature

Cytology results:

Consistent with papillary carcinoma for both the thyroid nodule and the lymph node.

Key takeaway: Papillary carcinoma is the most common thyroid carcinoma with an excellent prognosis. Occasionally, patients present with a metastatic lymph nodes. Complete surgical excision is the key to achieving cure.

Conclusion

Ultrasound is an inexpensive, low-risk, and effective tool for evaluating thyroid and parotid lesions. Its accessibility and accuracy in predicting the nature of lesions compares favorably to that of more expensive and invasive cross-sectional imaging. Fine needle biopsies can be performed at the same visit, thus expediting care. These images taken on a Versana Premier suggest that ultrasound imaging in clinical settings can often be confidently used as an initial, and perhaps sole, imaging modality for thyroid and parotid masses.



Dr. Jagdish K Dhingra is an Otolaryngologist in Massachusetts with over 20 years of experience in the practice of otolaryngology head and neck surgery.

Dr. Dhingra did his initial training in India and the UK before moving to the US, where he did his residency training at Tufts Medical Center in Boston, Massachusetts before joining ENT specialists, Inc. in 2002.

For the last 10 years, he has focused his practice on diseases of the thyroid and parathyroid glands and has performed over 4,000 office-based ultrasound-guided thyroid procedures. He regularly teaches at courses sponsored by the American Head and Neck Society and American Academy of Otolaryngology – Head and Neck Surgery. He is also an associate professor at Tufts University School of Medicine.

Since 2005, Dr Dhingra has led 15 surgical missions to Rwanda, Africa and performed over 300 surgeries on patients with large goiters.

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