CORRESPONDENCE

Thyroid Fine-Needle Aspiration

To the Editor

The recent letter by Dr Oertel\(^1\) points to a critical issue. With thyroid biopsies using small needles, suction not only is unnecessary but also is counterproductive, often leading to local bleeding and, thus, a high rate of unsatisfactory specimens, expensive procedures of recovery, and a delay in results. With 25- or 27-gauge standard "injection" needles and no suction, nondiagnostic samples are rare. To ensure small, pure diagnostic samples, I do not leave a needle in a nodule for more than a few seconds and do not obtain more than 2 or 3 samples at one site. (If there is significant bleeding, I wait 6 weeks to resample.)

Following these simple suggestions should give reliable and timely results in 90% of thyroid needle biopsies, obviating the need for costly alternative equipment and procedures, and with on-site assessment of samples, the unsatisfactory rate should not exceed 3%. The unsatisfactory rate of 27.4\(^2\) in the article cited by Oertel dramatically documents the need for on-site assessment of samples.

Jerry Waisman, MD
New York University Clinical Cancer Center
New York, NY

References
