



Letter to “Successful radiofrequency ablation strategies for benign thyroid nodules”

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We read the manuscript entitled “Successful radiofrequency ablation strategies for benign thyroid nodules [1]” with great interest. We think that there are some points must be clarified.

1. Nodules eligible for radiofrequency ablation (RFA) should be symptomatic. Symptom is a subjective finding. We used objective findings to measure subjective symptoms in medicine such as visual analogue scale/cosmetic score [2]. We think that; a clear, widely recognized, reproducible definition of “symptomatic” and quantification of the severity of these symptoms is needed.
2. Percutaneous cyst aspiration or ethanol ablation (EA) seems to be a safe and effective alternative to surgical resection for patients with purely or predominantly cystic thyroid nodules and compressive symptoms. Previous randomized clinical trials and guidelines have suggested that EA is first-line treatment for cystic thyroid nodules and preferable to RFA. Previous studies have reported recurrence rates of 26–33% and additional treatment was required in 38% of the ethanol ablated patients. The mean delayed recurrence period was 10.1 months and the maximum range of the delayed recurrence period was 25 months for EA [3, 4]. In brief, defining the efficacy of RFA, alternative strategies should be taken into account, at least in the discussion. This applies specifically for cystic or predominantly cystic lesions that could benefit of other minimally invasive approaches, as the simple aspiration or the EA.

In conclusion, RFA for benign thyroid nodules was an alternative treatment choice for selected patient group. However, describing specific indications and follow-up strategy may prevent young clinicians from misunderstanding about this procedure.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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