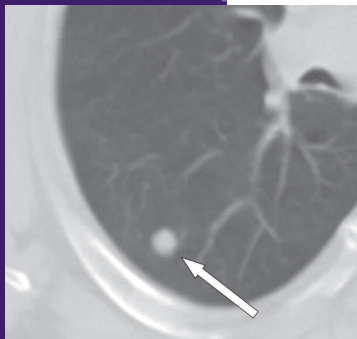




Management of the Incidental Pulmonary Nodule



CT scan showing an incidental 9 mm right lower lobe pulmonary nodule (arrow)

Lung nodules are common incidental findings detected on CT scans. Fortunately, fewer than 1% of very small (<5 mm) nodules in patients without a known history of cancer are malignant.

Based on data from numerous studies and screening trials, the Fleischner Society (see table below) released guidelines for follow-up of small pulmonary nodules in 2005. Radiologists in our department will often refer to these guidelines when recommending follow-up for an incidentally detected pulmonary nodule.

A low-risk patient is defined as a patient with minimal or absent smoking history or other known risk factors, whereas a high-risk patient has a history of smoking or other risk factors.

These guidelines pertain to nodules detected in patients aged 35 years or older, as primary lung cancer is rare in persons under 35 years of age (<1% of all cases). Furthermore, nodules that are not solid (ground-glass) may require longer follow-up to exclude the possibility of indolent adenocarcinoma.

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2005 Fleischner Society Guidelines

Recommendations for Follow-up and Management of Nodules Smaller than 8 mm Detected Incidentally at Nonscreening CT

Nodule Size (mm)	Low-Risk Patient	High-Risk Patient
≤4	No follow-up needed	Follow-up CT at 12 mo; if unchanged, no further follow-up
>4-6	Follow-up CT at 12 mo; if unchanged, no further follow-up	Initial follow-up CT at 6-12 mo then at 18-24 mo if no change
>6-8	Initial follow-up CT at 6-12 mo then at 18-24 mo if no change	Initial follow-up CT at 3-6 mo then at 9-12 and 24 mo if no change
>8	Follow-up CT at around 3, 9, and 24 mo, dynamic contrast-enhanced CT, PET, and/or biopsy	Same as for low-risk patient

Reference: MacMahon H, et al. Radiology 2005; 237:395-400