Supplementary Fig. 2. A 70-year-old woman with a history of left thyroid lobectomy because of papillary thyroid cancer 6 years previous, and completion thyroidectomy because of recurrence 4 years previous.

A. Axial gray-scale view shows a 3.5 cm irregular-shaped ill-defined hypoechoic lesion at the left thyroidectomy operation bed (arrows). The pathologic result of the core-needle biopsy was foreign body reaction with stromal fibrosis. B. Follow-up ultrasonography after 2 years shows regression of the size of the lesion (1.6 cm, arrows), but a round-shaped configuration is newly suspected at the periphery of the lesion (arrowheads). Core-needle biopsy was performed at this round-shaped lesion and the pathologic result was recurrent papillary thyroid carcinoma.