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Minimum minimorum: thyroid minimally invasive FNA, less is more concept? *Volens nolens?*

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A Deucalione, diagnosis for the crucial endocrine organ, the thyroid, remains significant to date. *Bonitas non est pessimis esse meliorem.* Furthermore, the butterfly-shaped gland, being necessitated a delicate deal, is apparent[1-3]. In thyroidology, image-guided interventional techniques have globally been noticed and increasingly harnessed over the past four decades[4]. *Bene diagnoscitur, bene curatur.* Having said that, a dynamic discipline, thyroid cytopathology, still harbors a highly controversial issue, *id est*, indeterminate cytology, resulting in an ongoing debate[4-11]. Despite the roles of sonography and fine-needle aspiration (FNA) are well-established globally for contributing to rule out blurred lines[5-8] in the diagnosis of thyroid nodules, to the best of our knowledge, the ideal needle size has not been stated in a released, well-accepted management guideline to date[1-3,12-16]. However, the adequacy of the finer and thicker needles has been proclaimed as similar by many authors[13], though the latter has unfortunately been utilized frequently. We have reported an FNA serial of *"non Deucalione, sed, a decennium"* by the surgeon-performed ultrasonography (SUS) with the 27-G needles with a reasonable rate of nondiagnostic cytology. Will it be evaluated and accepted as "less is more concept"? *Volens nolens?* We had utilized the additional administration of preprocedural topical and local anesthesia in SUS-based serial during this decade and, *ad hoc*, have currently presented and recommended a novel term, "Thyroid minimally invasive FNA" (*Thy MIFNA*)[1–3,11], contributing in thyroidology. *Minimum minimorum? Adequatio intellectus et rei? Dum vivimus servimus.*

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AUTHORS' CONTRIBUTIONS

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