

Giant Multinodular Goiter since 24 years; hidden in a village of Western Nepal

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Abstract

Here we present the case of giant multinodular goiter with retrosternal extension in an old lady with dyspnea for 3 months. The patient was treated with Microscopic assisted thyroidectomy without complication.

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Case Report

A 67-year-old lady presented at the health camp organized in the kihun village by Bhawana Foundation, Nepal with complaints of Painless neck swelling for 24 years and shortness of breath since 3 months.. On

neck Examination, huge mass was present more on left side. The mass was non-tender, non-pulsatile, that moved with deglutition.(Fig. 1)

Thyroid function tests and serum calcium were within normal limits. Ultrasound of the neck showed multiple nodules and cystic lesions in the whole gland. The CECT neck revealed heterogeneously enhancing lesions extending retrosternally.(Fig. 2A and 2B). FNAC suggestive of atypia of undetermined significance (AUS).

The patient underwent microscopic assisted total thyroidectomy under general anesthesia. Her post-operative recovery was uneventful and relieves her shortness of breath. The patient was discharged on the sixth postoperative with levothyroxine replacement therapy. The mass removed from the neck was 461.5 grams and measured approximately 14 cm. (Fig.3).Microscopic Examination consists with multinodular goitre.

Benign multinodular goiter leading to airway compromise has become a rare clinical entity. ¹Universal salt iodization, cosmetic concern, and improved surgical technique with minimal disfigurement have led to the disappearance of monstrous goiter from modern clinical practice. The definitive management of multinodular goiter includes total thyroidectomy.²

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Conflict of Interest

We declare no competing interests.

Contributors

BS involved in diagnosis, treatment and conceptualization of study. BS, BN, AP, and PN involved in manuscript preparation, editing and proof reading of final version of manuscript

Consent. Written Informed consent was obtained from the patient to publish this report.

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