CLINICAL CASE

GIANT NODULAR GOITRE - A VIGNETTE

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ABSTRACT

Nodular goitre affects one of 10 people based on some statistics (with different types of nodules). We introduce a case of giant goitre on an adult female who delayed and refused surgery despite compressive symptoms. This is a case vignette. The patient agreed for the medical records and presentation.

KEYWORDS: *nodular goitre, thyroidectomy*

INTRODUCTION

Nodular goitre affects one of 10 people based on some statistics (with different types of nodules) [1]. A part from genetic background, environmental factors like iodine intake represent the major contributor, an element which is expected to improve since large national protocols of iodine supplementation [1,2]. In Romania iodine fortification programme is reflected by urinary iodine [3]. Toxic aspects require the inhibition of thyroid function, while large goitres are referred to surgery [4,5].

We introduce a case of giagnt goitre on an adult female who delayed and refused surgery despite compressive symptoms. This is a case vignette. The patient agreed for the medical records and presentation.

CASE PRESENTATION

This is a 62-year old non-smoker female coming from endemic zone who is admitted for compressive symptoms due to a large goitre. The medical history includes nodular goitre since last 10 years. She was not followed in any medical centre. She is also known with mild arterial hypertension. On admission an extremely large, firm goitre without local lymph nodes involvement is detected. She has negative anti-Thyroid Stimulating Hormone antibodies and mild hyperthyroidism (Figure 1). Thyroid ultrasound showed a right thyroid lobe of 4.6 by 6.1 by 13 cm (a volume of 190.8 mL) with inhomogeneous, poly-nodular structure, multiple mix nodules with iso-echoic solid structure and multiple macro-calcifications inside, and another hypo-echoic solid nodule of 2.9 by 1.6 cm, and a left thyroid lobe of 3.1 by 6 by 15 cm (a volume of 145.9 mL) also with poly-nodular structure, and an isthmus of 3.4 cm. A small increase of vascularisation is detected without lymph nodes involvement (Figure 2). A daily dose of thiamazole (10 mg per day) was started and the patient was referred to thyroidectomy which she currently refuses.

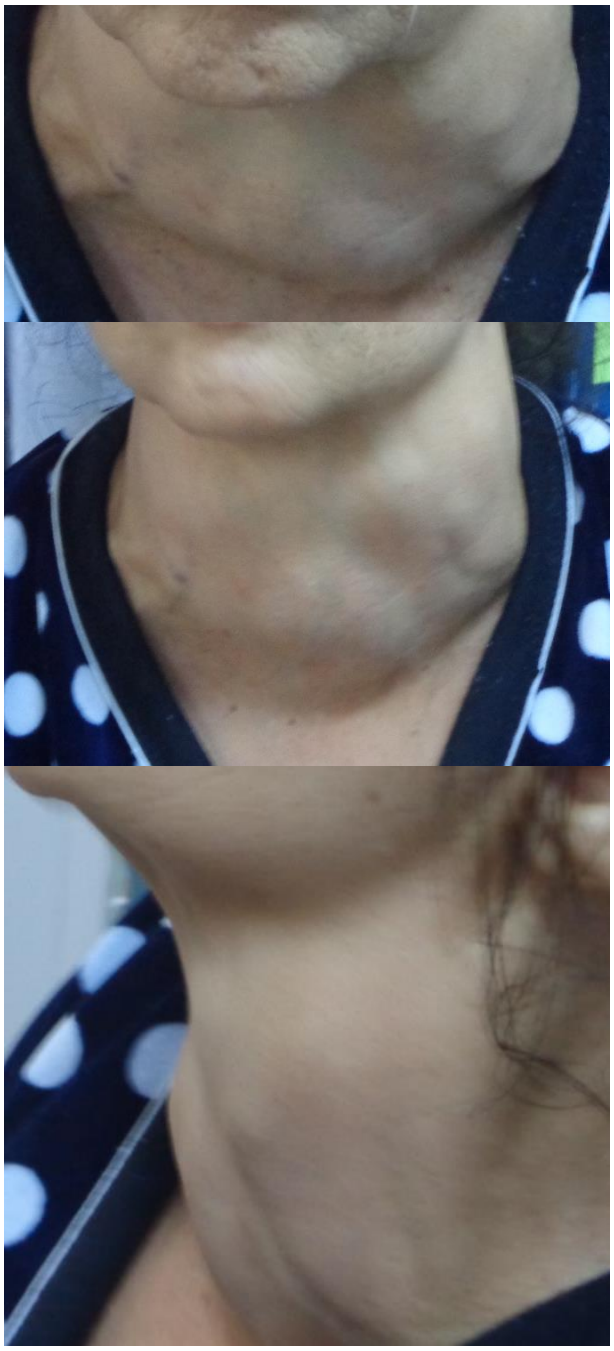
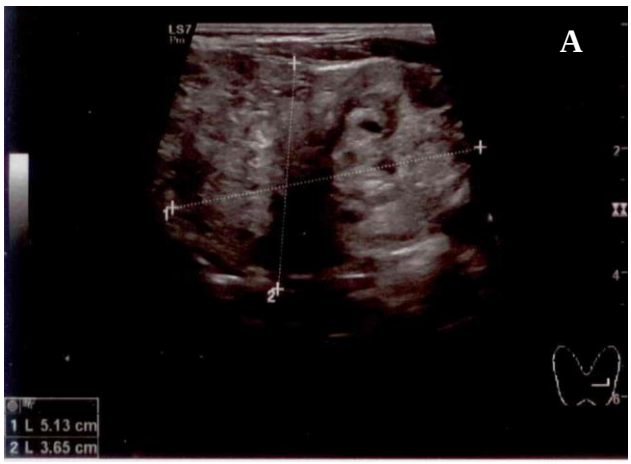


Figure 1 - Giant nodular goitre on a 62-year old female with compressive symptoms and mild thyrotoxicosis



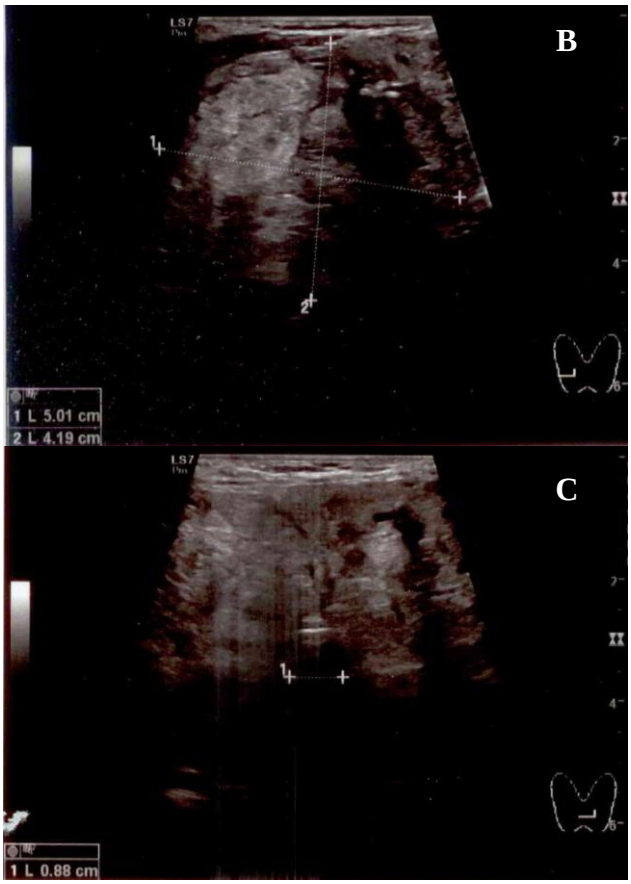


Figure 2. Thyroid ultrasound shows multiple nodules and a giant goiter (A- Left lobe, B – Right lobe, C – Isthmus)

CONCLUSION

Despite clinical evidence of surgery as the only practical approach, the patient's option may represent a negative point in adequate management. Nodays, giant goitre is extremely rare due to large accessibly to thyroidectomy.

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