

RARE CASE OF GIANT RETROSTERNAL GOITER

M. S. Opanasenko, B. M. Konik, S. M. Shalahai, O. E. Kshanovsky, O. V. Tereshkovych, L. I. Levanda

Abstract

Retrosternal goiter is an abnormally low positioned (below the jugular notch) and a pathologically enlarged thyroid gland. The only method of treatment of retrosternal goiter is surgery. The risk of developing respiratory disorders due to compression and displacement of the trachea, the threat of asphyxia make this intervention vital.

This case of giant retrosternal goiter, requiring surgery, in the patient with a history of multi-node goiter, removed 10 years ago, currently receiving substitution therapy with L-thyroxine, is presented. Considering possible malignancy and right side hydrothorax we decided to perform a videothoracoscopy with mediastinal neoplasm and parietal pleura biopsy. A median sternotomy was performed as a second step of intervention. A giant multinodular formation was revealed abundantly supplied from the right inner thoracic artery. The parietal pleura was intact. The neoplasm with distinct contours occupied all anterior mediastinum. There were no signs of its invasion into surrounding organs. The surface of the neoplasm was covered by the vascular network with prominent contact bleeding. The postoperative period was complicated by persistent hypotension, which led to the development of oliguria. Infusion of blood components and high-dose corticosteroids were prescribed for 5 days (hydrocortisone 250 mg per day). Short courses of adrenomimetics in a diuretic dose were used as well.

Conclusion. This case confirms the value and high efficiency of the videothoracoscopy in diagnosing the etiology of chest neoplasms. Only the involvement of different specialists in the management of this case (thoracic surgeons, endocrinologists, anesthesiologists, intensive care physicians, cardiologists, nephrologists) provided a positive outcome. Median sternotomy is indicated in cases of giant size and low localization of the goiter below the aortic arch.

Key words: retrosternal goiter, sternotomy, mediastinal tumors.

Ukr. Pulmonol. J. 2017; 4:57–61.

Mykola S. Opanasenko

National institute of phthisiology and pulmonology

named after F. G. Yanovsky NAMS of Ukraine

Head of thoracic surgery and invasive

methods of diagnosing department

Doctor of medicine, professor

10, M. Amosova str., 03680, Kyiv

Tel.: 380672718511, opanasenko@ifp.kiev.ua