



6th WSES Congress 2019

Title: ACUTE COMPROMISED AIRWAY DUE TO A HEMORRHAGIC THYROID CYST. A CLINICAL CASE

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Topic: Vascular emergencies

Background: Thyroid pathology has a high prevalence in all ages, especially in females. Clinical manifestations are varied, and most of these disorders have a slow and insidious evolution.

Aim: The acute thyroid pathologies requiring emergency surgical treatment are rare; acute abscessed thyroiditis with poor evolution and intracystic hemorrhage with airway compromise are the maximum exponents.

Methods and results: CLINICAL CASE: A 58-year-old male with no medical or surgical history of interest was admitted to the emergency department with sudden dyspnea and dysphagia associating a cervical nodule. Physical examination showed slight tachypnea, 98% oxygen saturation and the presence of a right, elastic, painless laterocervical tumor. Chest radiography showed an important left tracheal deviation. Given the stability of the patient, an emergency cervical ultrasound was also performed showing a hypoechoic collection of circumscribed borders of 58 x 38 mm with heterogeneous content, seemed to depend on the right thyroid lobe. Given the patient's respiratory signs, emergency surgery was decided; a bloody cystic lesion of more than 6 cm of diameter was found in the right thyroid lobe, displacing and compromising the trachea. A right hemithyroidectomy was performed. The patient had an uneventful post-surgical evolution, being discharged on the third day after the intervention. The pathological report was of nodular hyperplasia and cystic transformation.

Discussion: Acute thyroid hemorrhage is an extremely rare condition of which there is very few data in the medical literature. Most of these hemorrhages are insignificant and self-limiting, causing only local pain and discomfort; even rarer are those that expand rapidly with significant compromise of the airway. This entity should be suspected in the sudden appearance of a cervical mass associated with dyspnea. Imaging techniques such as ultrasound and CT are important in confirming the diagnosis, if the patient's stability allows it. Treatment depends on the presence of associated symptoms and the general condition of the patient. If the patient is stable and does not associate symptoms such as dyspnea or dysphonia, conservative treatment and scheduled surgery is recommended; in the case of presenting an airway compromise, emergency surgery is necessary.

