



# ENDORAMA Conference

Ben James  
2/20/14



# HPI

- 57 year old female
- 2007 thyroid nodule palpated by PCP
- Diagnosed with multinodular goiter
- High T3 (212), low TSH ( $<0.01$ ), elevated anti-TPO antibodies
- RAI scan in 2009
  - Increased uptake in left known nodule, no cold nodules



# HPI

- Noted increase in size of left nodule
- Daughter came home from college and noticed her mother sounded stridorous
  - No shortness of breath, difficulty swallowing, or voice changes
  - Forced her mother to see her endocrinologist
- TSH <0.01
- T3 434



# PMHx

- PMH:
  - Hyperthyroidism
  - Multinodular goiter
- PSH:
  - Abdominoplasty
  - Lap band
  - Bilateral knee replacements
- Social:
  - Teacher
  - No history of radiation
- Family:
  - Noncontributory
- Meds: methimazole, MVM



# Imaging

- Ultrasound:
  - Enlarged thyroid with multiple nodules bilaterally
  - Left lobe increasing in size, now 9cm and composed of conglomerate nodules which have grown together
- Radio-active iodine scan:
  - Dominant nodule in left lobe now a cold nodule
  - Toxic multinodular goiter otherwise
- FNA of large left nodule:
  - Papillary thyroid cancer



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08/21/1956 F

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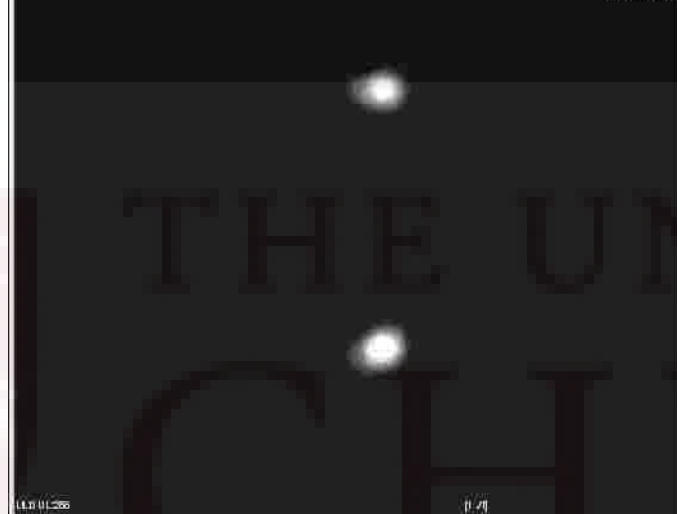
UC THYROID I-123  
University of Chicago Medicine

November 18, 2013

ANT THYRD MRK

Total cts = 118034

300 X 200  
Acq time = 500 s



LLD U1.288

0.79

ANT

Total cts = 99710

300 X 200  
Acq time = 500 s



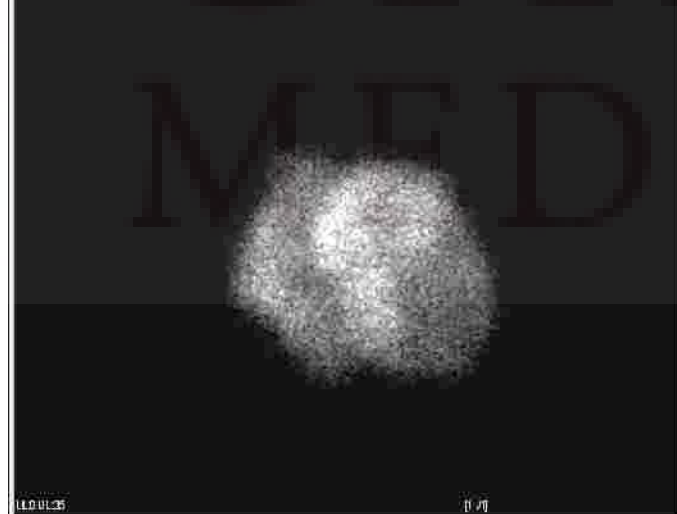
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0.79

LAO

Total cts = 119028

300 X 200  
Acq time = 500 s



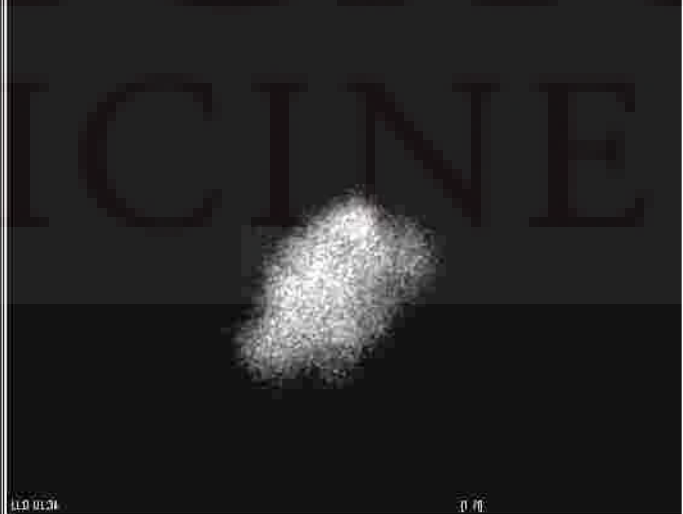
LLD U1.35

0.79

RAO

Total cts = 60281

300 X 200  
Acq time = 500 s



LLD U1.34

0.76





UCMC TW104

11/18/13 10:16:14AM RS

MI 0.8

TIs 0.2

ML6-15

Thyroid

FR 13

LOGIQ  
E9



CHI  
- Frq 11.0  
- Gn 47  
- S/A 2/1  
Map F/0  
D 7.0  
2-DR 69  
AO% 100



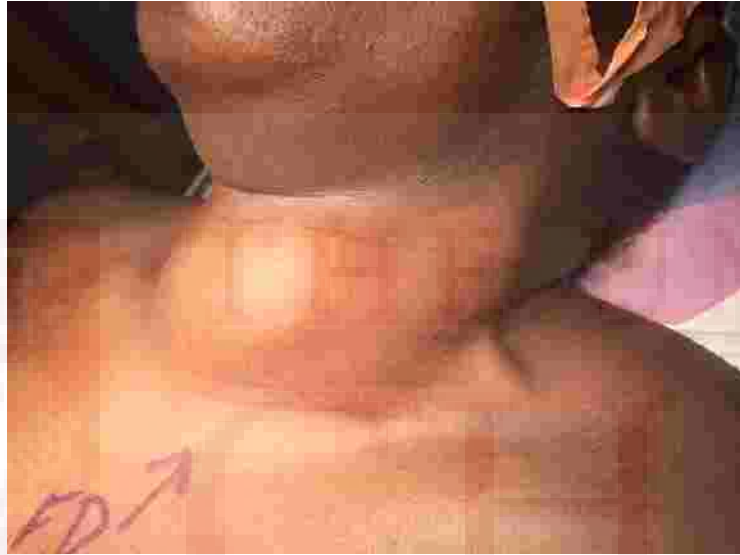
4"



6"

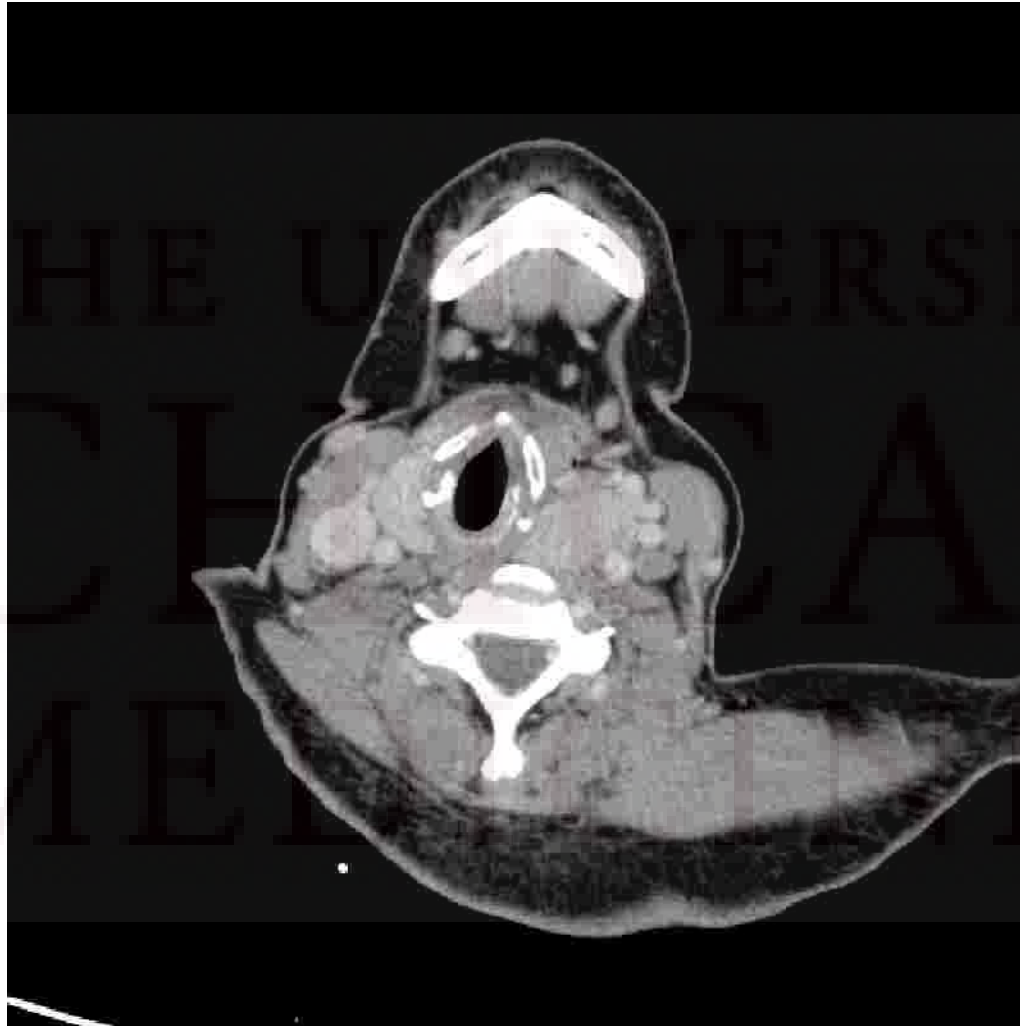
LONG LEFT THYROID





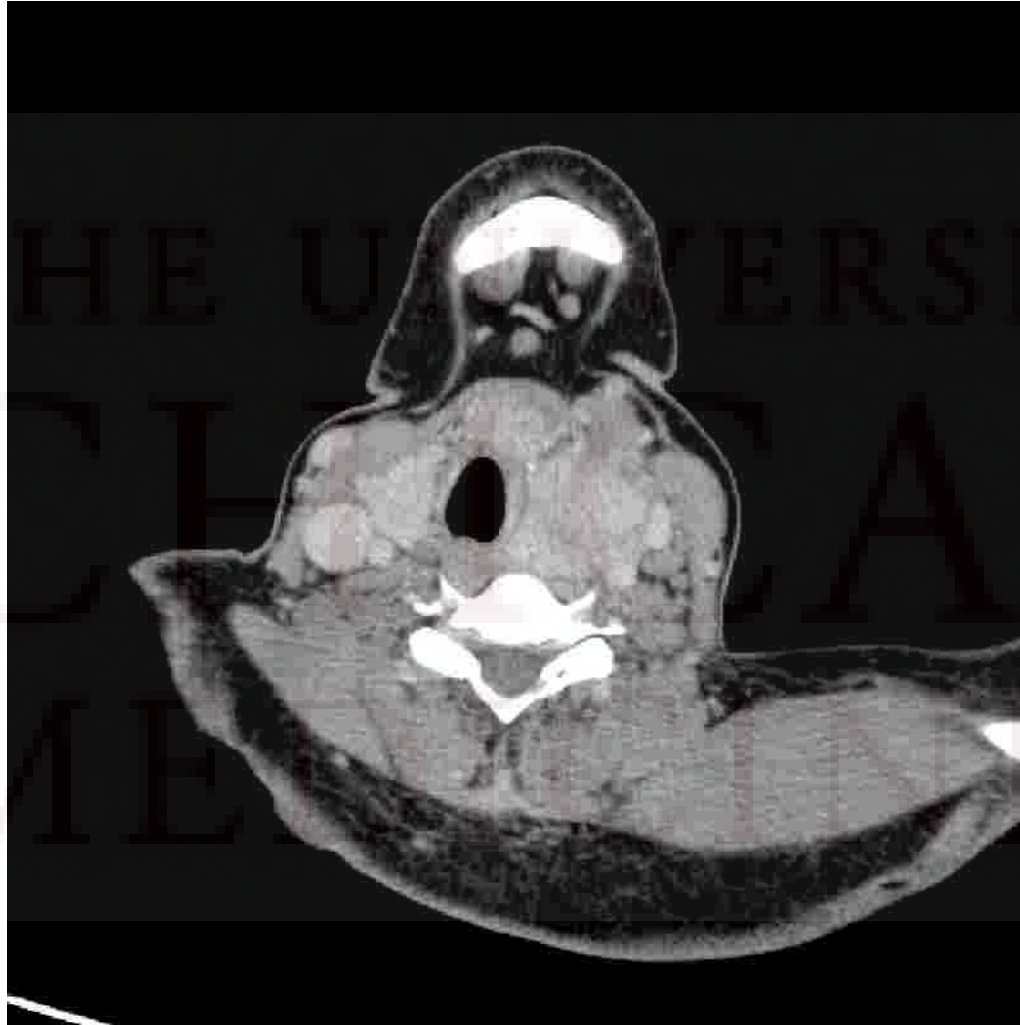


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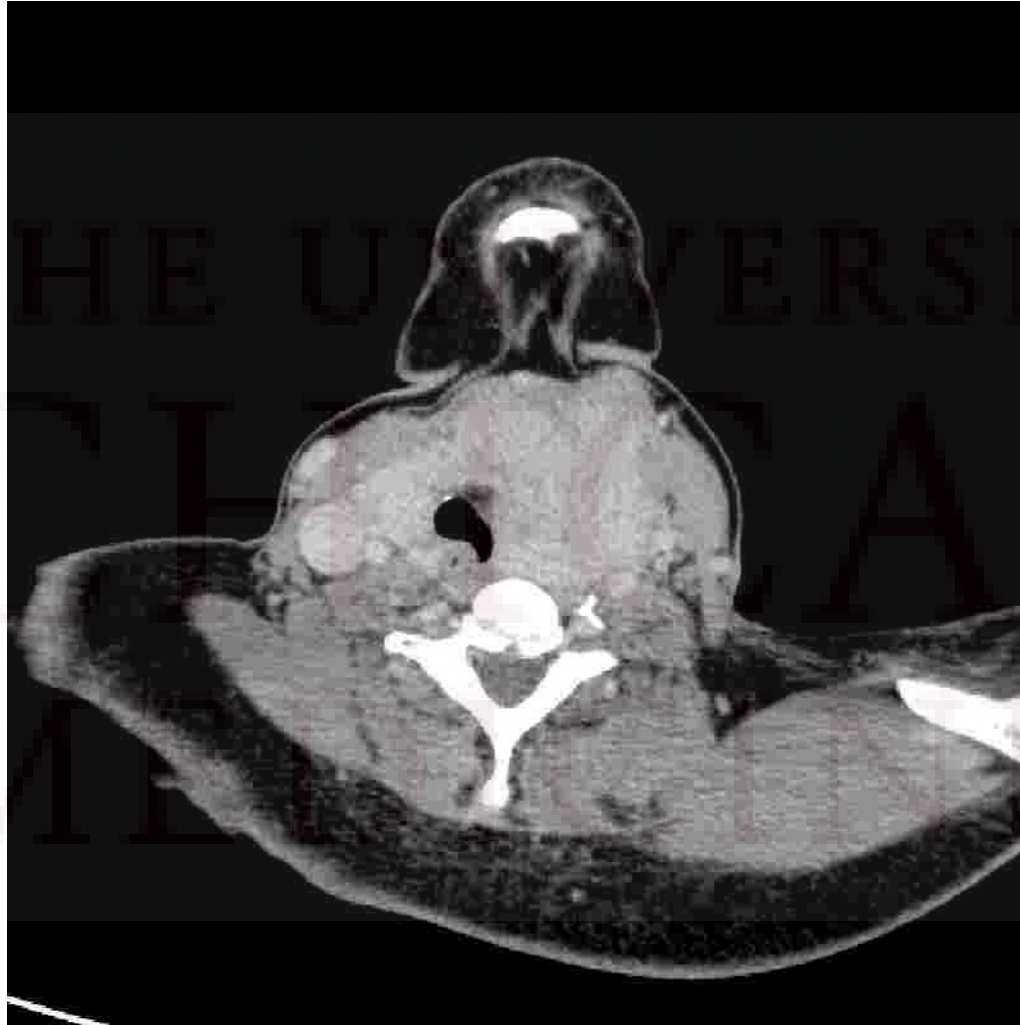


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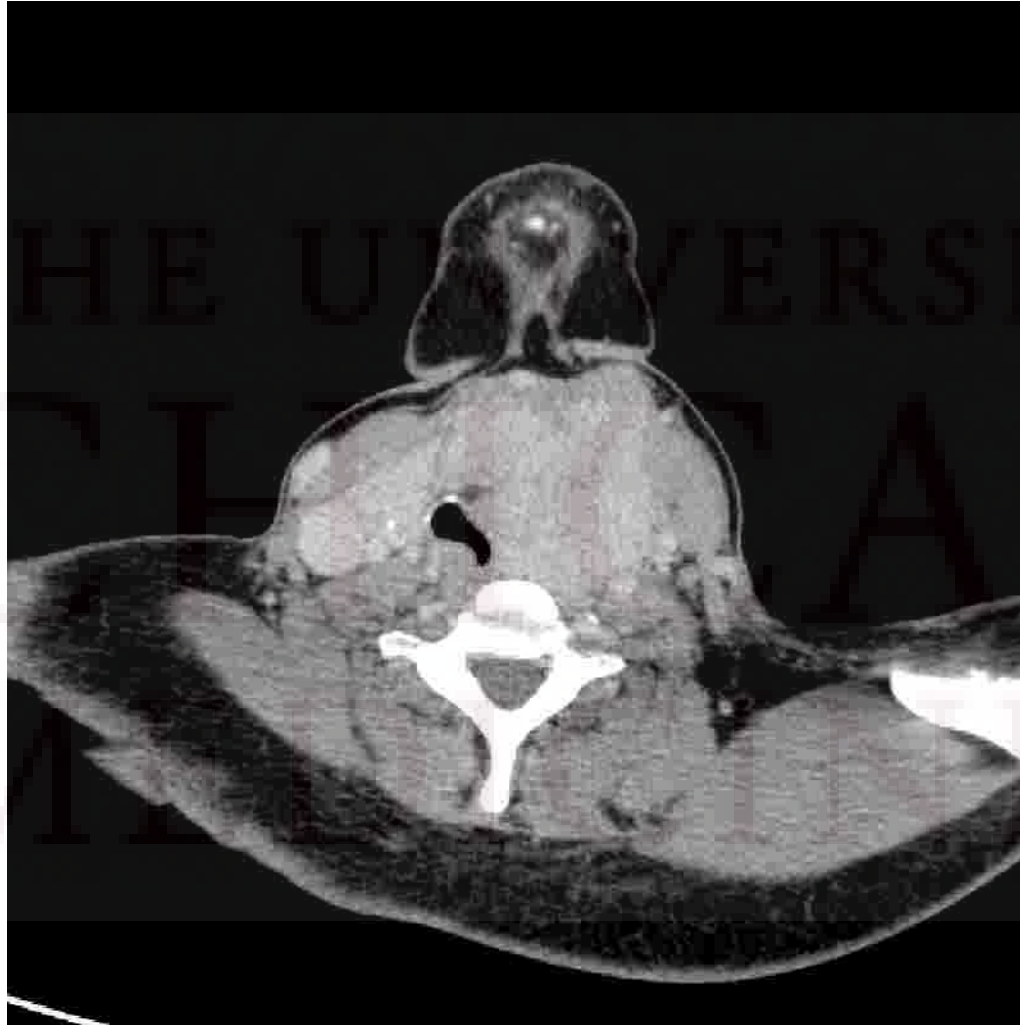


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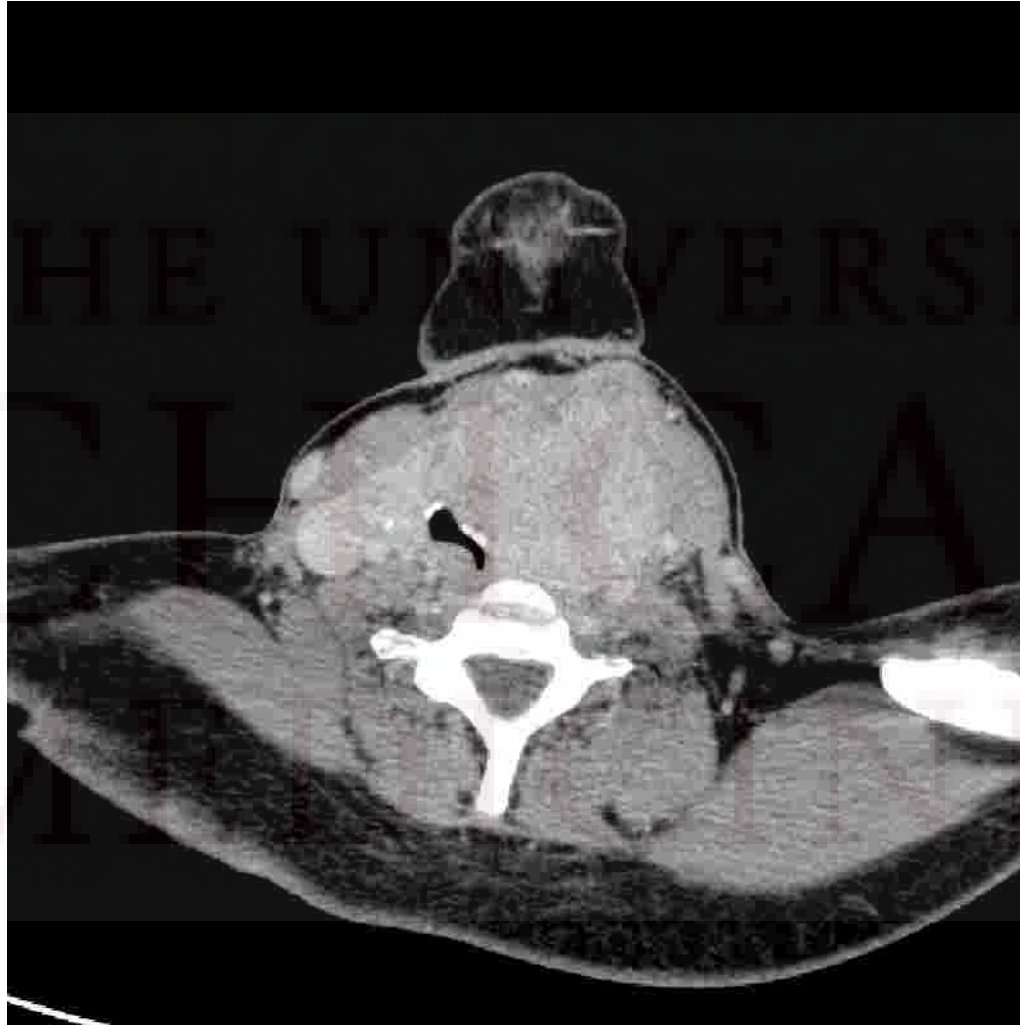


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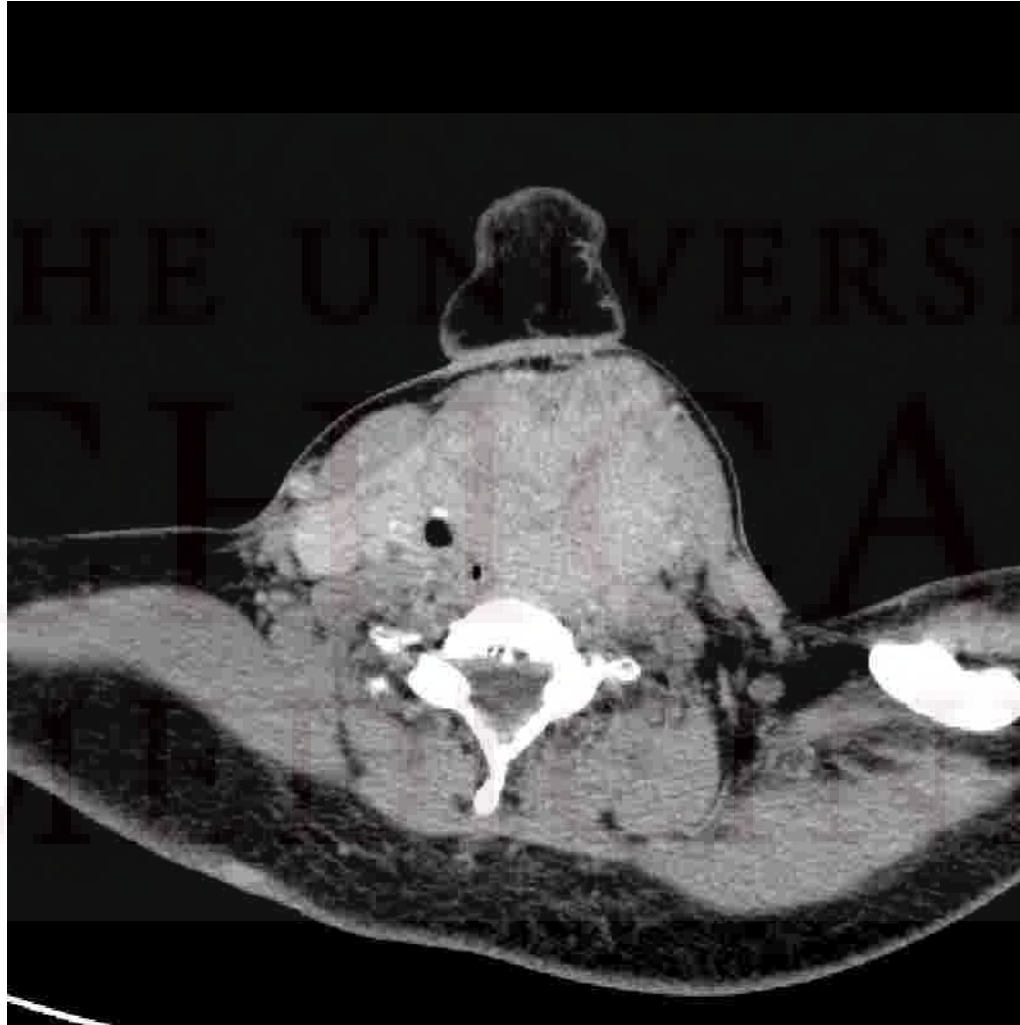


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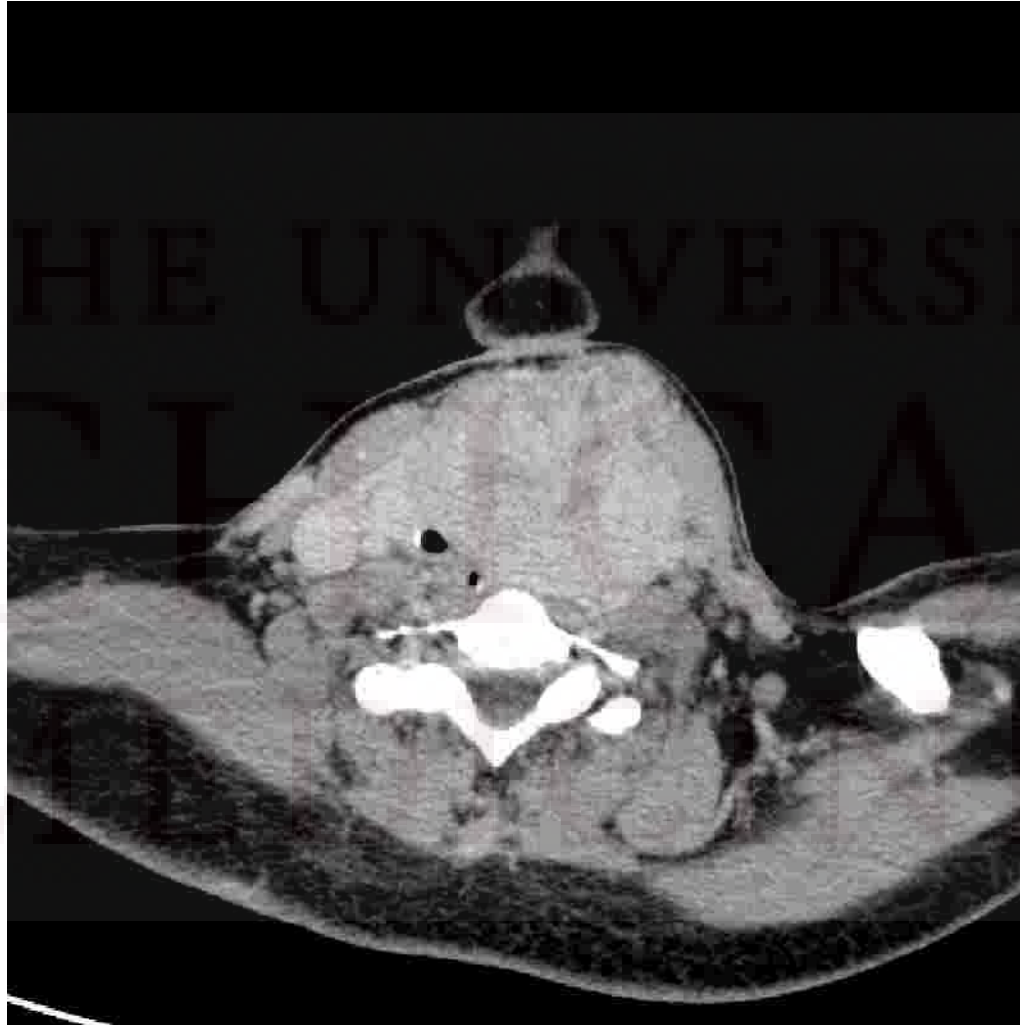


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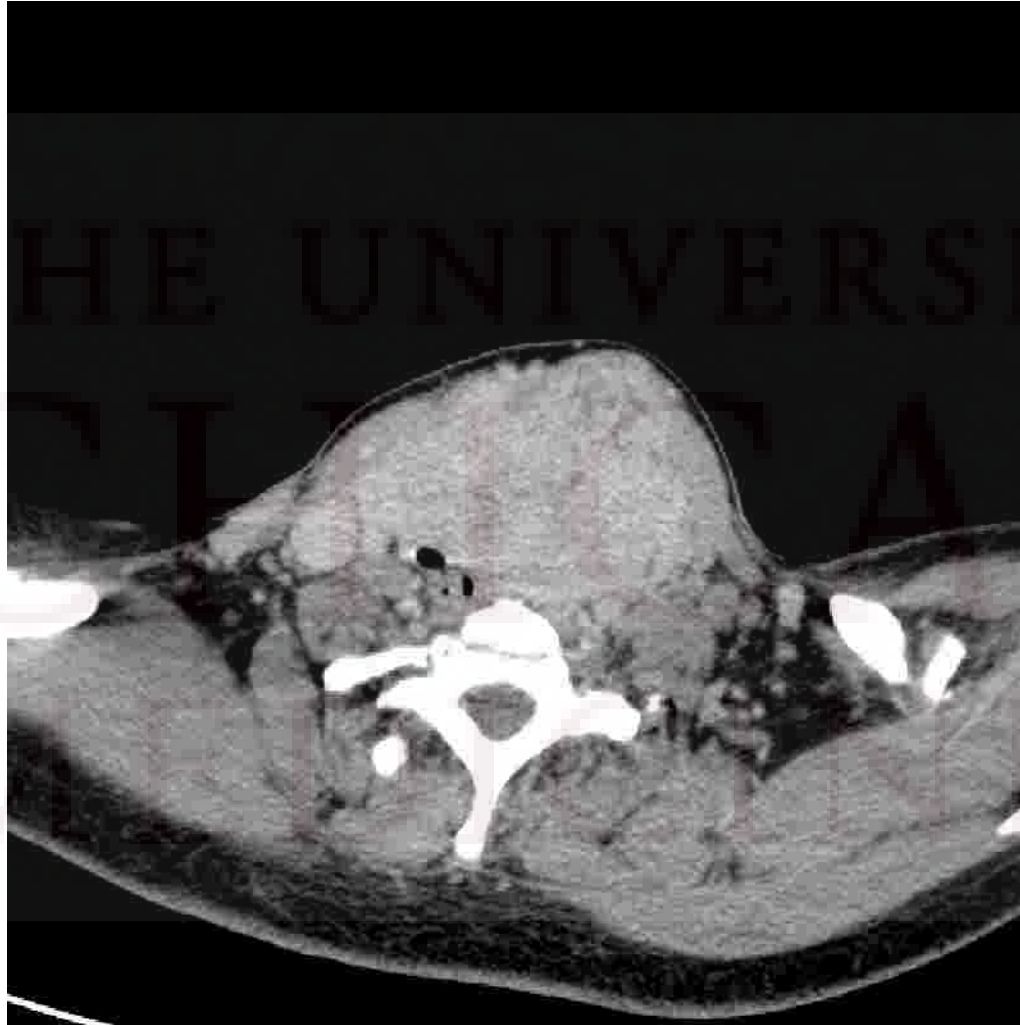


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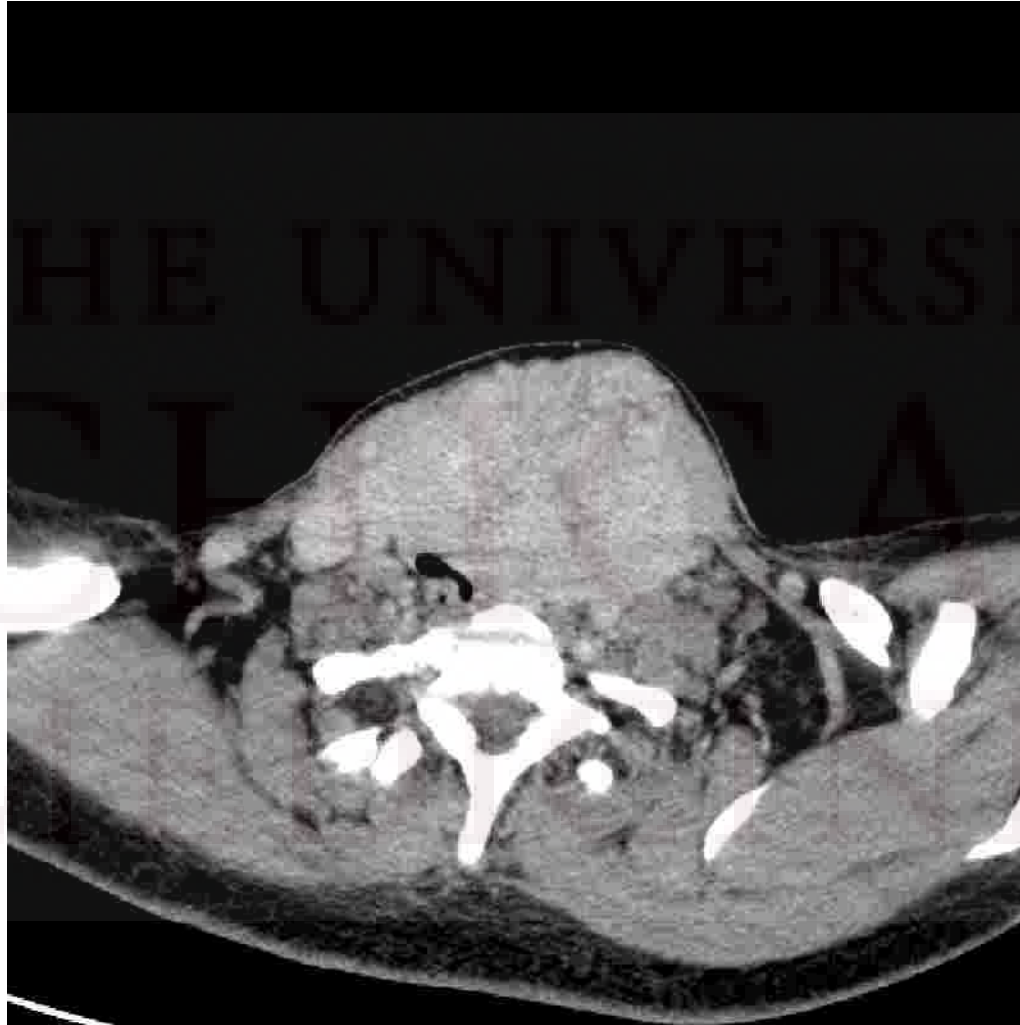


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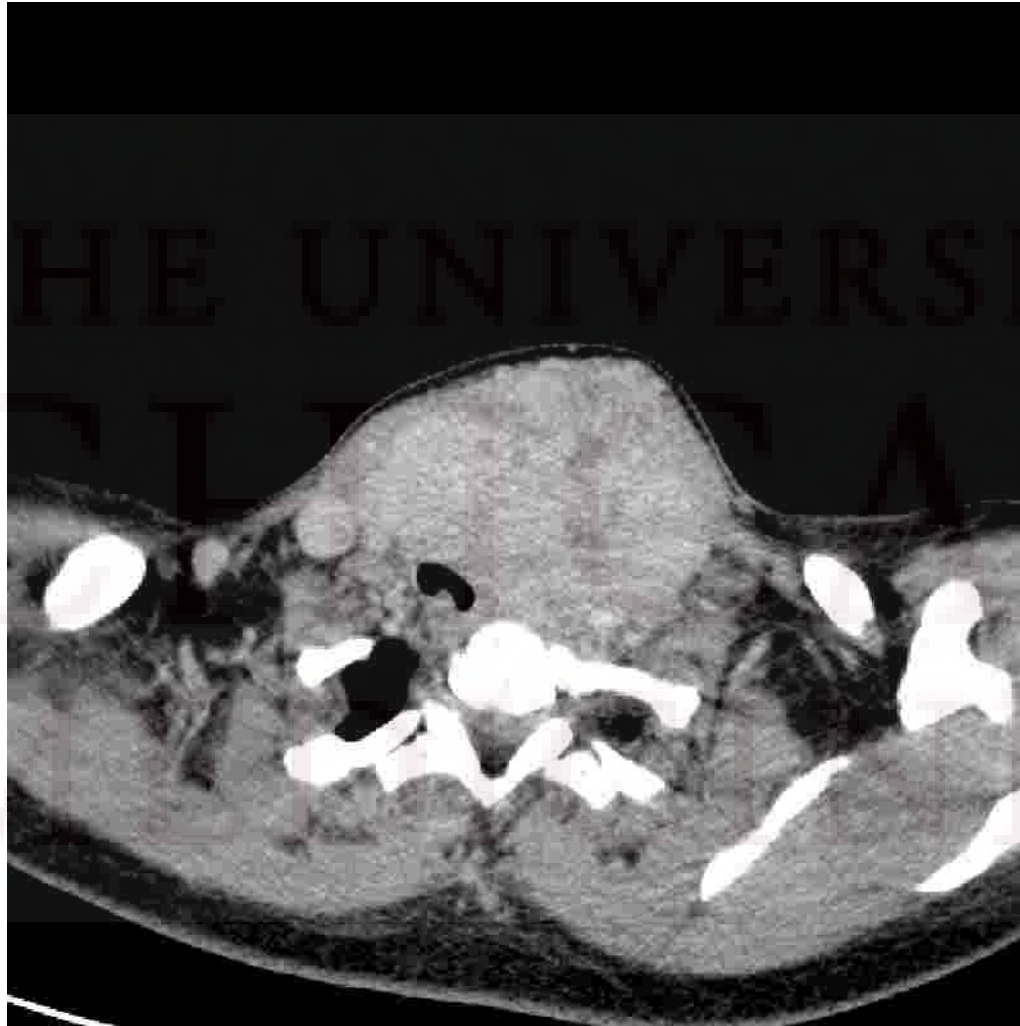


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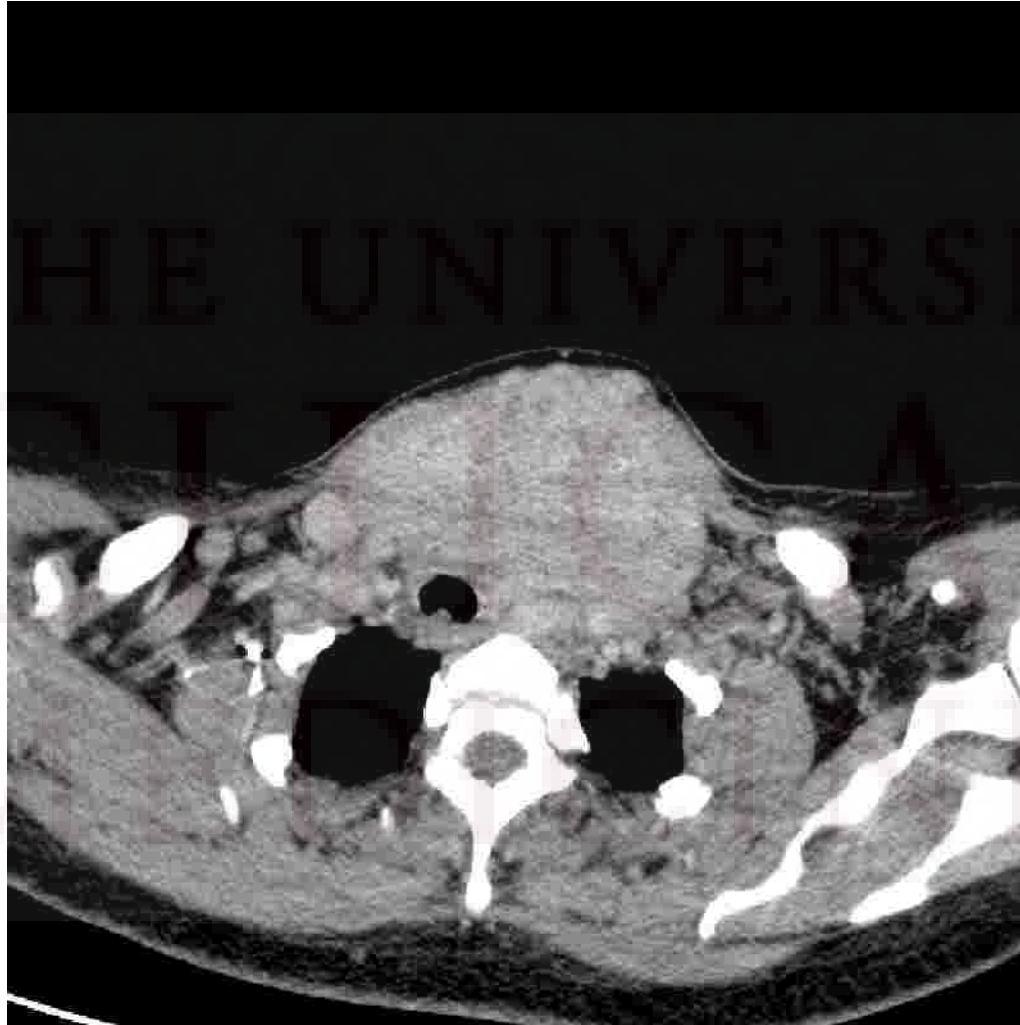


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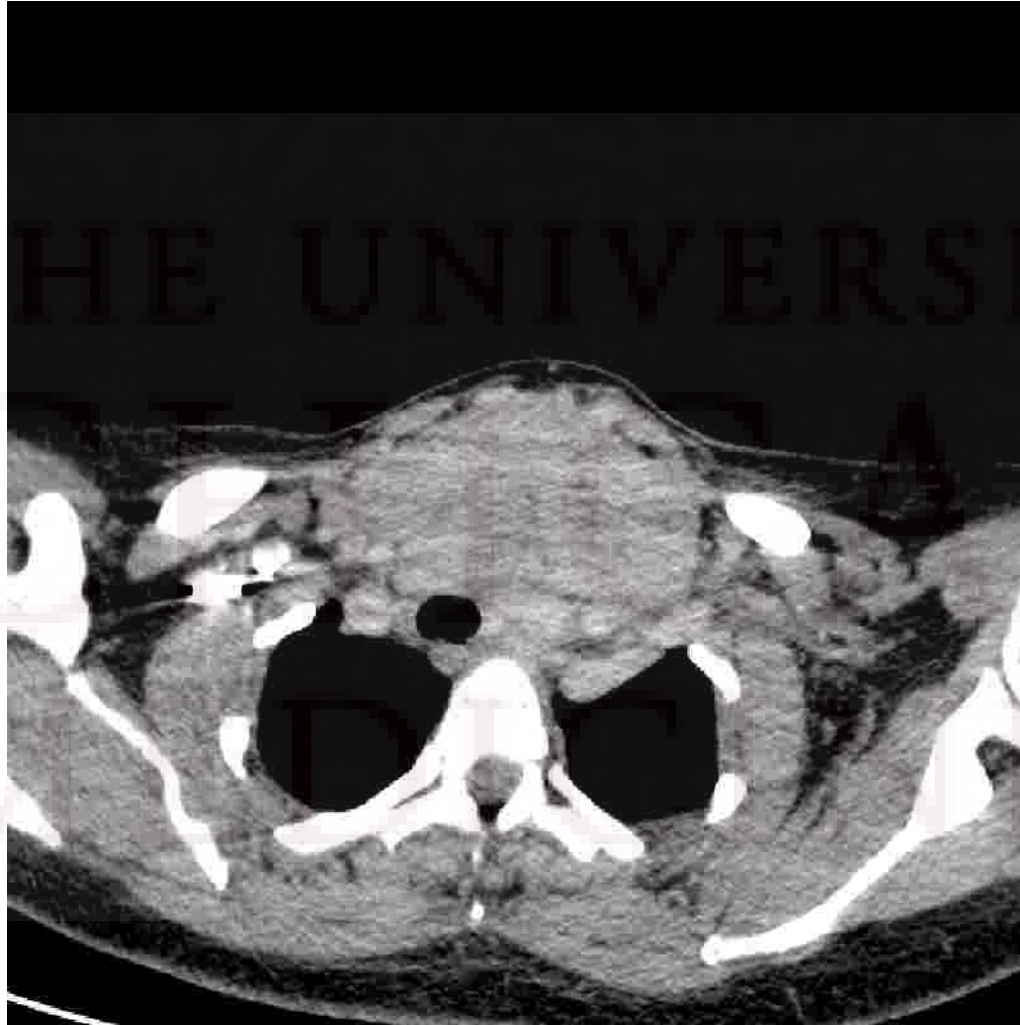


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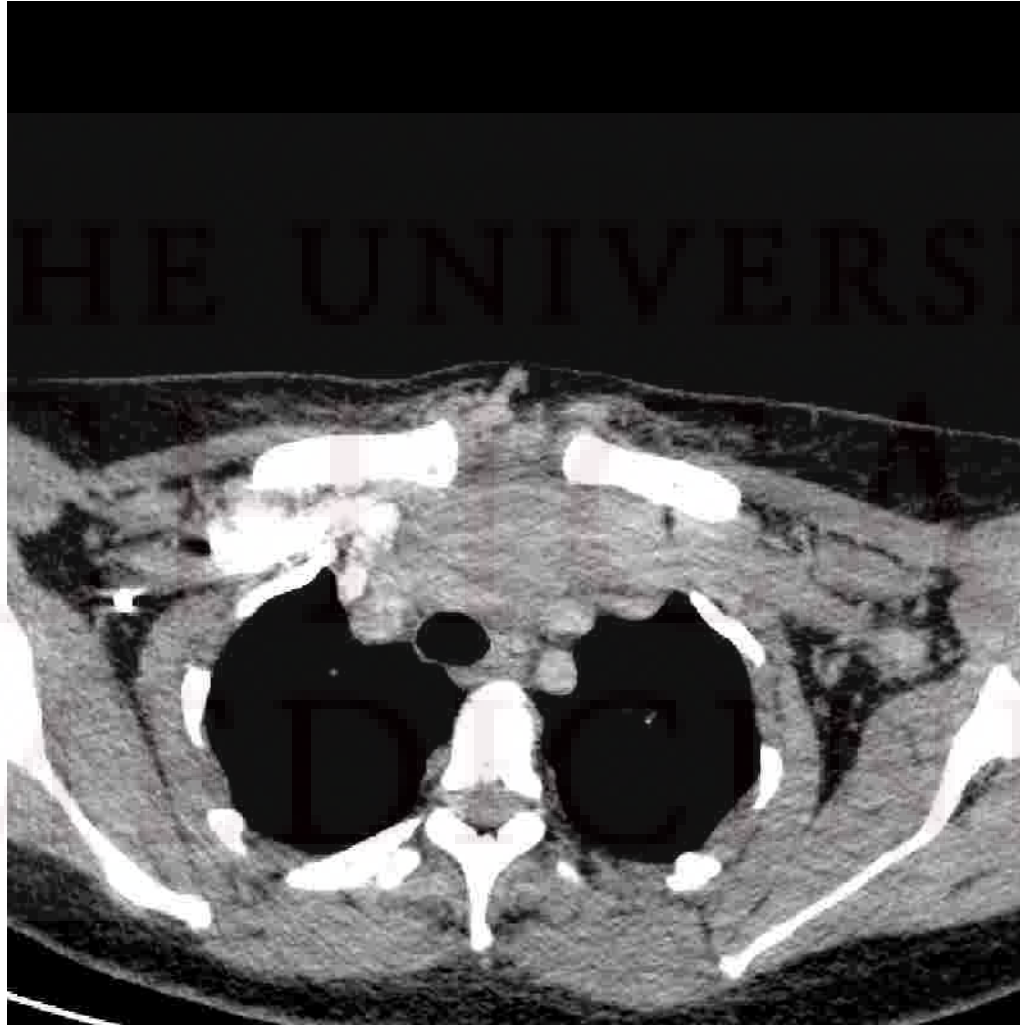


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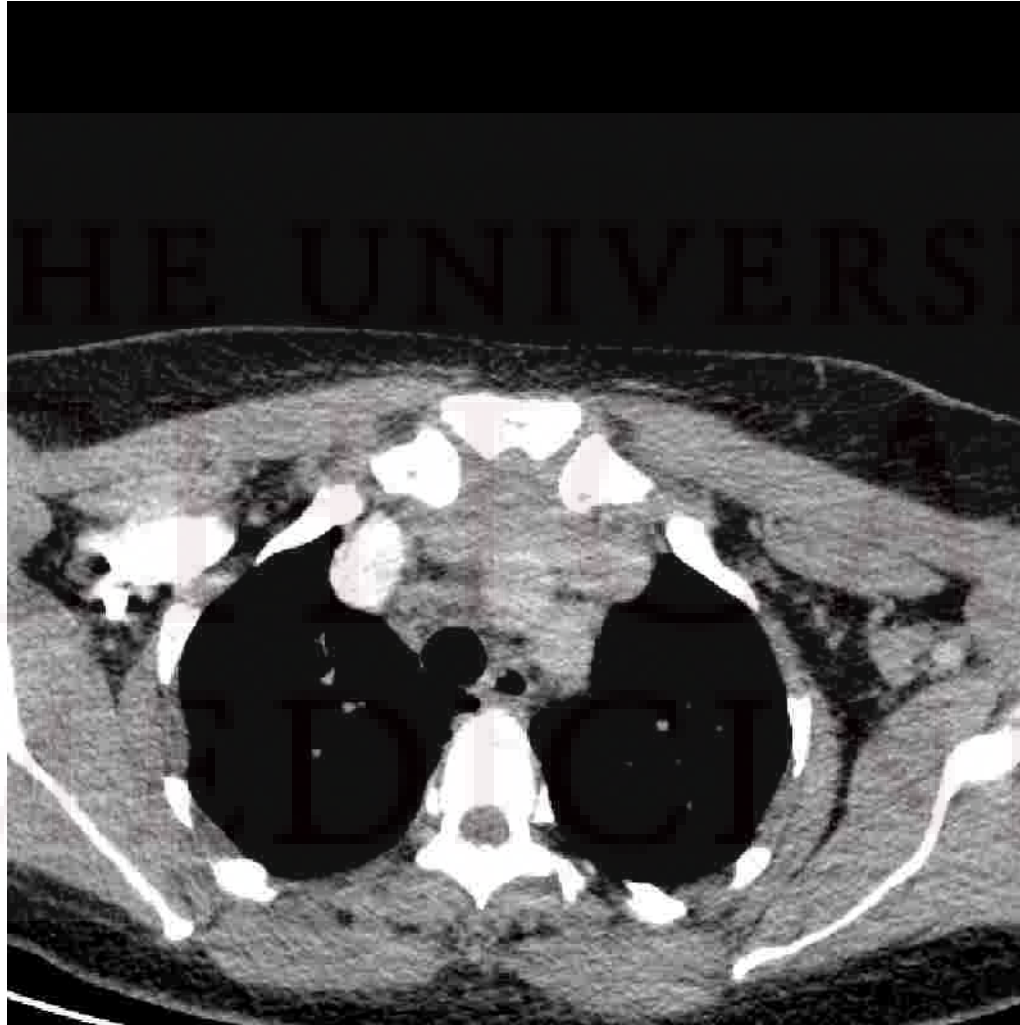


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# ENT visit

- Flexible laryngoscopy
  - Bilateral vocal cord paresis
- Arrangements made for OR to have cardiac surgery available for ECMO if unable to intubate



# OR

- Bilateral femoral vein lines placed
- Awake fiberoptic intubation with ENT and cardiac surgery on standby
- Total thyroidectomy
  - Strap muscles adherent to thyroid
  - Left jugular compressed and adherent to thyroid mass
- Left levels 2 and 3 lymph nodes enlarged on imaging but normal appearing in OR
  - Resected, no formal neck dissection



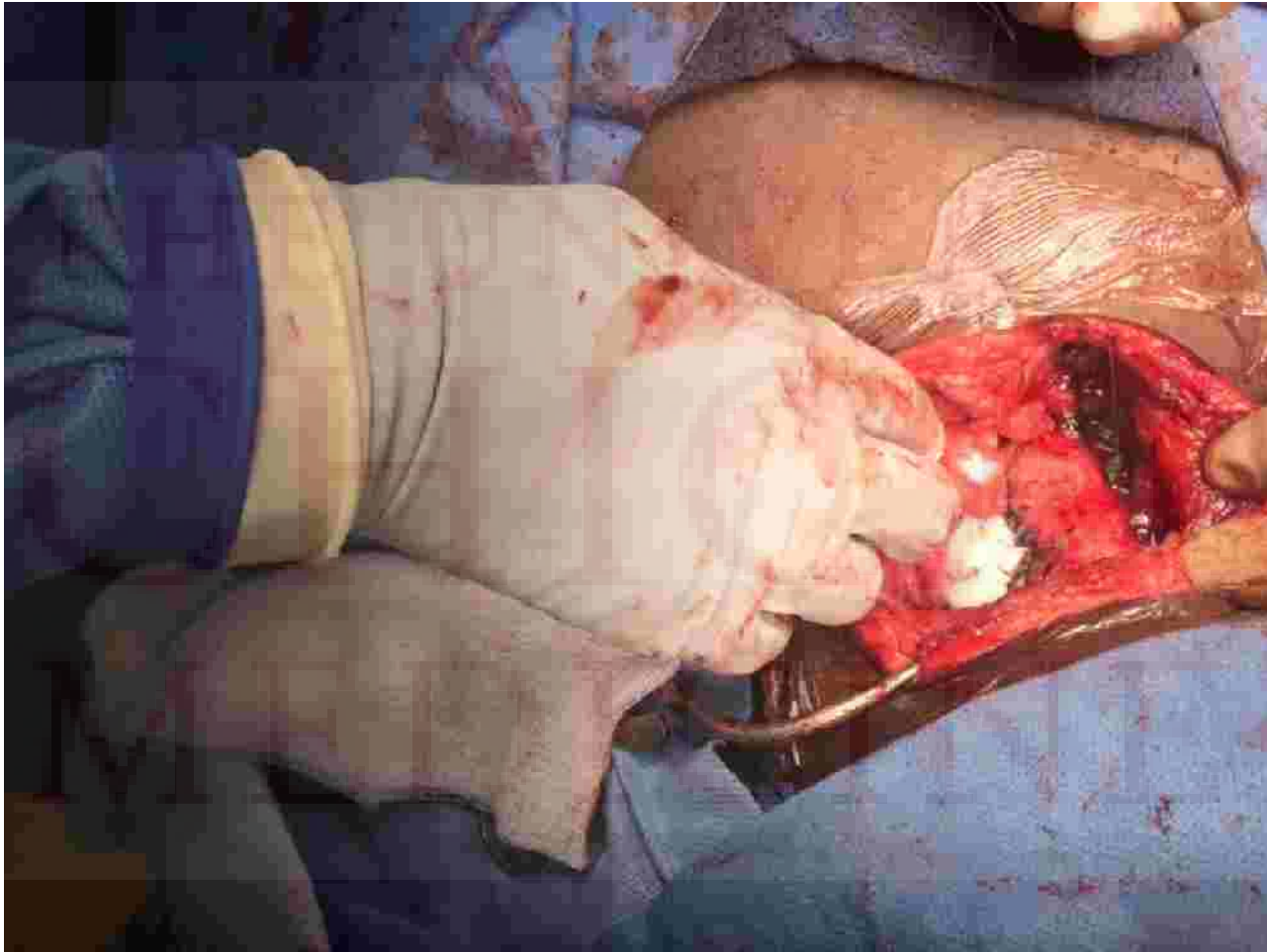
# OR

- Bilateral recurrent laryngeal nerves visualized intact
  - Nerve stimulator
    - Right nerve conducted a signal
    - Left nerve did not conduct a signal
- Mild tracheomalacia
  - Tracheopexy per ENT
- Drain placed











# Immediately postop

- Good respiratory dynamics, received dexamethasone during case
- Patient extubated easily in OR
- Preoperative stridor noted to be worse, but breathing and saturating well
- Stridor continued
  - Despite racemic epi and duonebs
- Saturations dropped to 88-92%
  - Attempt at facemask; ABG sent showing good oxygenation but pCO<sub>2</sub> of ~65
  - BiPAP used, pCO<sub>2</sub> dropped appropriately
- 90min postoperatively, patient saturating well but expressing that she is feeling very tired, having difficulty breathing
  - Elective reintubation
    - Vocal cord edema encountered



# Hospital stay

- ICU for 36 hours intubated and sedated
- Dexamethasone for first 24 hours
- Good cuff leak
  - Extubated easily, weaned to room air quickly
- Stridor had resolved
  - Hoarse voice
- Discharged home PostOp day 5

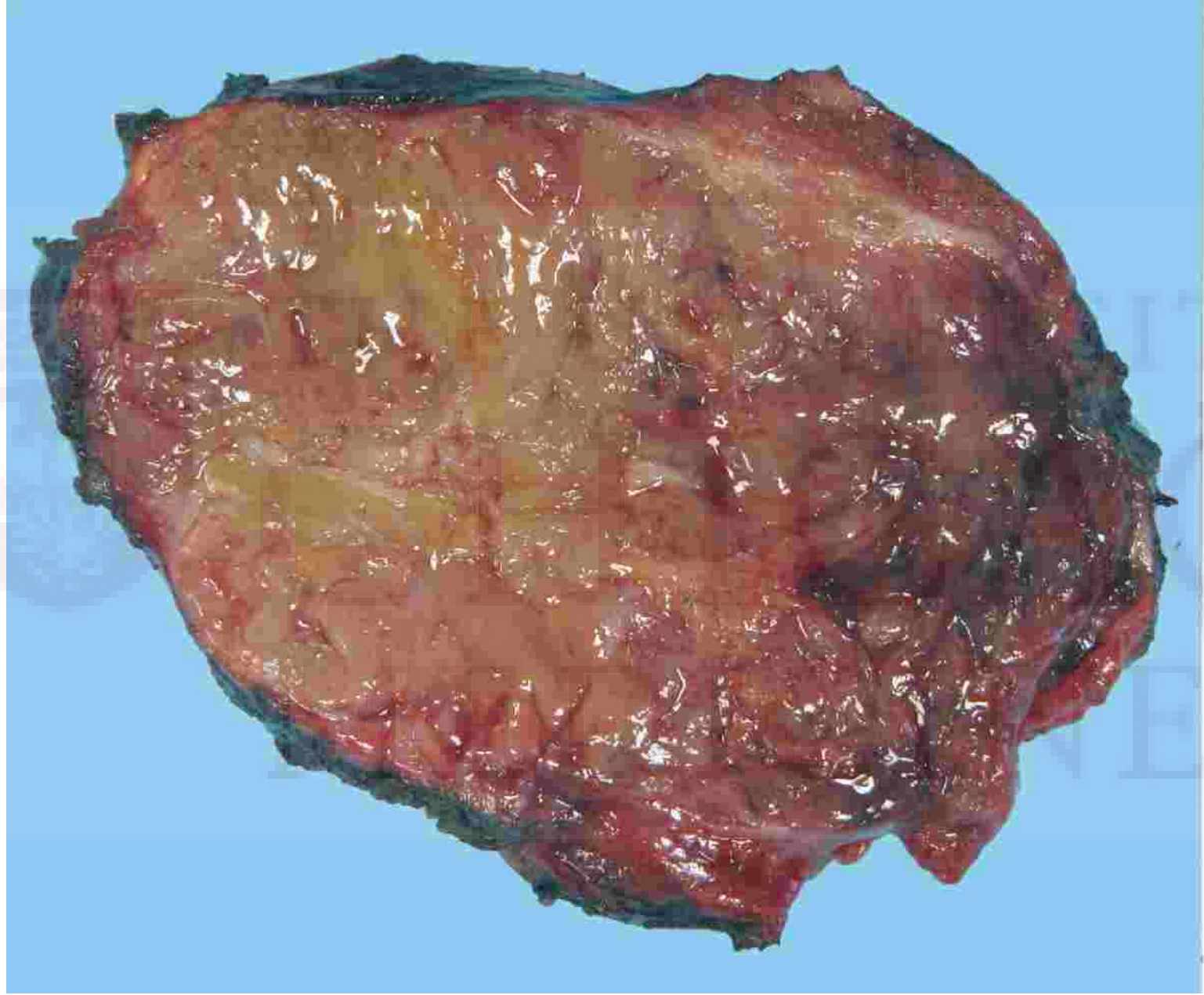




UNIV. OF CHICAGO  
PATH.

METRIC 1 2 3 4 5 6 7 8 9 10





AGO





