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ENDOCRINE IMAGE

Benign Goiter with Superior Vena Cava Syndrome

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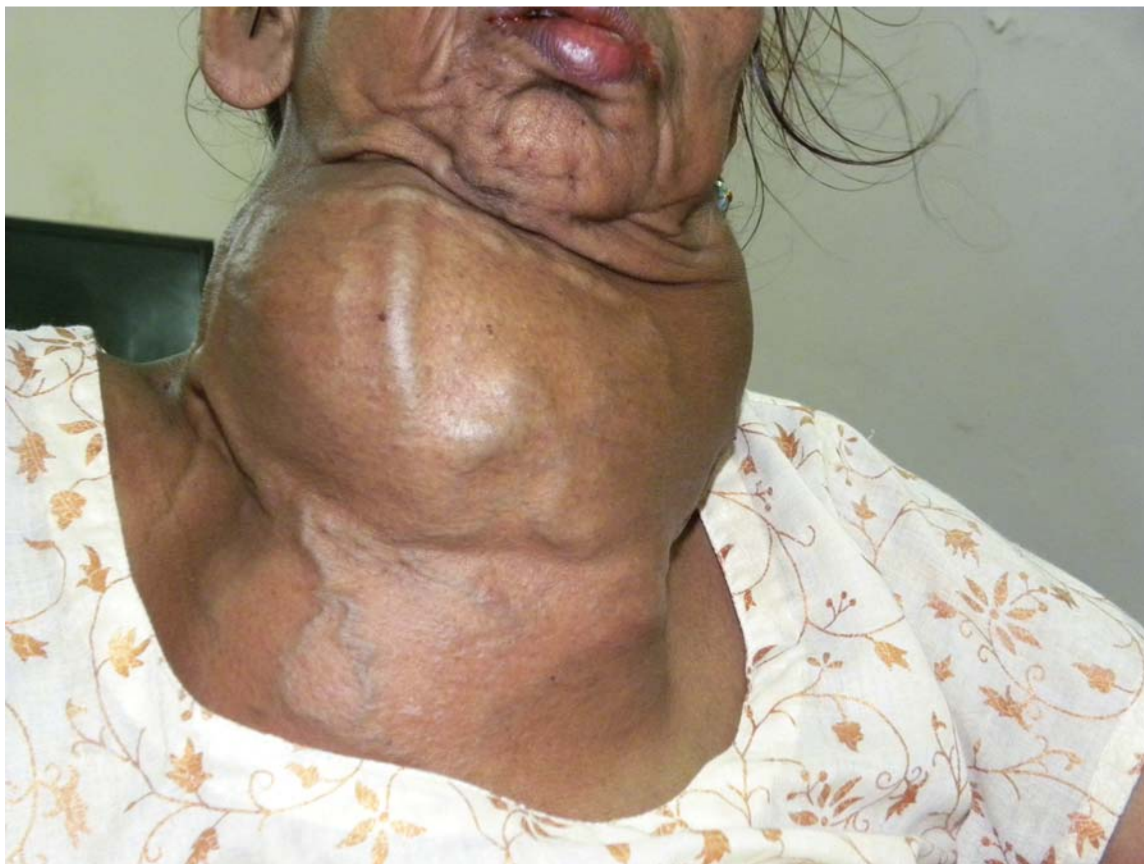

Fig. 1: Patient presenting with large goiter and dilated veins over the neck and anterior chest wall suggestive of thoracic inlet syndrome

CASE HISTORY

A 46-year-old lady presented in emergency with respiratory distress, voice change and inability to take food (Fig. 1). She had a long-standing goiter of 20 years duration with slow progression. She was investigated in 2001 by a general surgeon and was found to be biochemically euthyroid with a cytology of colloid goiter. She was not advised to seek surgical treatment and since then her problems continued to increase albeit slowly but surely. When she presented to us, she was anxious looking with pulse rate of 96/minute and respiratory rate of 40 per minute. She had a huge goiter with dilated veins over the goiter as well as on anterior chest and the lower border could not be felt. After admission, she was given hydrocortisone 200 mg stat followed by dexamethasone 8 mg IV three times, broad-spectrum antibiotics and humidified oxygen inhalation by nasal prongs @ 6 liters/ minute. Her ABG showed type I failure at admission with acidosis. Unfortunately, while she was being resuscitated and being optimized for surgery, she expired within 32 hours of admission.

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