

Unit

Endo (Thyroid)

Q.NO.1

A 30y old female complains of lethargy, lassitude and weight gain on Examination. She had cold intolerance. pale, puffy and slurred speech. Pulse is 60/min.

(a) Diagnosis

Hypothyroidism.

(b) Name three signs you will look for.

- Puffy face
- Hoarseness voice.
- Thinning hairs
- Slow heart rate.

(c) Diagnostic test

- ↓ T₃ and T₄
- ↑ TSH.
- High level of TPO antibodies.
- Characteristics of autoimmune disease

Q. NO 2

A 25yr female presents in OPD with a swelling in front of neck. Her US neck suggest solid nodule within R+ lobe of thyroid with ipsilateral enlarged lymph node.

(a) Most likely diagnosis
Thyroid cancer

(b) Investigation to reach diagnosis

- Thyroid function test T₃, T₄, TSH
- Thyroid antibodies
- FNAC
- Plain X-ray
- USG
- CT Scan.

(c) Treatment

① Total thyroidectomy

② Treat metastasis with radio

• active iodine

③ External beam radiotherapy.

④ Follow up with thyroglobulin level.

⑤ Lifelong thyroxin therapy 2.5-3.5 mcg/kg.

Q.No3

25 year female got fracture of right femur as it mid shaft during lifting some weight. She has history of passing stones in urine. Her family notice that she loses her temperment. Her investigation show high serum calcium level.

a) Diagnosis

Primary Hyperparathyroidism.

b) Inv

- ⊙ Serum calcium
- ⊙ 24 hrs urinary calcium >400mg
- ⊙ creatinine clearance
- ⊙ Bone mineral density.

c) Treatment

- ⊙ General measures include adequate hydration, decrease dietary calcium.

- Bisphosphates
- Ca^{+} receptor agonist (Cinaclet)
- 91V Saline and bisphosphate therapy.

(d) How will you localize lesion.
See book Pg 292.

Q. NO. 4

Enlist operative steps of total Thyroidectomy for multinodular goiter.

- Pre-operative assessments
- Positioning → Paintcain draping.
- Incision Skin crease.
- Subplatysmal flap.
- Incising investing layer of deep cervical fascia. Muscle retraction.
- Division. Middle Thyroid vein
- Superior pedicle management
- Recurrent laryngeal nerve gland identification.
- Thyroid dissection from bed.

- Repeat procedure in contralateral side.
- Secure Hemostasis
- Drain placement
- Wound closure.

O·NO·S

A 19 year girl presented with lump in front of her neck with deglutition. She had USG done reporting lump in right lobe. She is clinically euthyroid status.

(a) What are investigation in line of diagnosis

T₃, T₄

TSH

FNAC.

(b) What are surgical indication.

for emergency surgical management

- ⊙ Pressure Effects (Dysphagia, Dyspnea)
- ⊙ Retrosternal goiter
- ⊙ Cosmetic Reason.
- ⊙ Patient anxiety.
- ⊙

Q. NO. 6

A young lady presented with fracture of tibia. She had history of recurrent renal stone on examination she took short tempered with a palpable lump on right side of neck

(a) **Diagnosis** Primary hyperparathyroidism

(b) **Rx** Repeat.

Q. NO. 7

(a) **Define Goiter:**

^{refers to}
Goiter Enlargement of the thyroid gland.

(b) **Classification:**

Simple goiter \Rightarrow Diffuse
multinodular.

Toxic \Rightarrow Diffuse
Goiter multinodular
Toxic adenoma.

Neoplastic \Rightarrow Benign, Malignant.

Inflammatory Autoimmune
Granulomatous Bacterial Viral.

① Investigation of goiter

Repeat.

Q. No. 8

A 50 y female presents in OPD with complaints of swelling in front of neck for last 12y. She noticed weight loss, diarrhea with palpitations and preference for cold weather.

② Diagnosis

Hyperthyroidism (Thyrotoxicosis)

③ Management

- Anti-thyroid drugs (Carbimazole)
- Radioactive ablation.
- Block and replacement therapy.
- Surgery

Total Thyroidectomy
subtotal Thyroidectomy.

Q.No.9

A 40 year female presents with multinodular goiter in front of neck. for past several years she had recently develop palpitations and heat intolerance.

(a) Diagnosis

Thyrotoxicosis

(b) Rx Inv

Repeat.

Q.No.10

A 50y male presents with a swelling in front of neck for last 6 months. Recently change his voice. Swelling moves with deglutition hard irregular

(a) Diagnosis

Thyroid cancer.

Rx

Repeat.

Q. No. 11

a Complications of Thyroidectomy.
Per operative

Damage to trachea

Damage to esophagus.

Post operative

- ⊙ Hemorrhage
- ⊙ Respiratory obstruction.
- ⊙ Tracheomalacia.
- ⊙ Recurrent laryngeal nerve palsy.
- ⊙ Thyrotoxic crises.
- ⊙ Stitch granuloma.

b Enumerate causes of breathless after thyroid surgery.

- ⊙ Hematoma
- ⊙ Tracheal collapse
- ⊙ Laryngeal edema
- ⊙ Bilateral recurrent laryngeal nerve.

Q12

A 50 year old lady with episodic hypertension, severe headache syncopal attacks was admitted for workup.

(a) Diagnosis

Pheochromocytoma.

(b) Inv

⊙ Biochemicals

catecholamines

⊙ ~~RT~~ Creatinine level.

⊙ CT scan

⊙ MRI

⊙ Scintigraphic scanning.

(c) Rx

Surgical approaches for adrenal gland tumor surgery.

laparotomy

Surgical Excision.

Debulking when complete

excision not possible.