

Thyroglossal Duct cyst

Q → Scenario points ✓

- Swelling in the mid-line of neck
- Moving on Deglutination / swallowing
- Moving on Tongue protrusion

Diagnosis : Thyroglossal Duct cyst

- D/Diagnosis :
- | | |
|-------------------|------------------|
| ① Thyroid fistula | ⑤ Sebaceous cyst |
| ② Thyroid adenoma | ⑥ Lymphoma |
| ③ Bronchial cyst | ⑦ Laryngocele |
| ④ Dermoid cyst | |

Management :

- History
- Examination

- Rx

↓
Sistrunk operation - Excision of whole
Thyroglossal Tract
+
Body of hyoid bone.

Q - Goiter - classification ✓

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simple (Euthyroid) - Diffuse
Multi-nodular

Inflammatory

↓

Toxic (HyperThyroidism) - Diffuse (Graves)
Multi-nodular

Autoimmune (Hashimoto)

Granulomatous (De Quervain
Thyroiditis)

(Hypothyroidism) - Usually Multi-nodular

Bacterial, viral

Fibrosing

(Neoplastic) - Benign
Malignant

Graves' disease - Hyperthyroidism (Thyrotoxicosis)

- Multi-nodular goiter in front of neck
- For past 6-7 yrs
- Palpitations
- Heat intolerance
- Weight loss
- Anorexia
- Insomnia
- Tremors

Diagnosis :

Hyper-Thyroidism (Thyrotoxicosis)

Investigations :

T₃, T₄ level → ↑

TSH level → ↓

FNAC → IOC (Investigation) → Discrete Thyroid swelling of chord

Thyroid ultrasound

Thyroid autoantibodies

CT-scan

Rx :

① → Medicine :

carbimazole

Propylthiouracil

Beta-blocking agent - propranolol

Surgery

After making patient euthyroid

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Sub-total Thyroidectomy
Near total Thyroidectomy

- Complications
- ① Hematoma
 - ② Infection
 - ③ Hypothyroidism
 - ④ Hypocalcaemia
 - ⑤ Recurrent laryngeal nerve damage
 - ⑥ Tracheo-oesophageal fistula

Radio-active Iodine

Rx w/ast condition

① Graves Disease

Age > 45 yr → Radio-iodine

Age < 45 yrs → surgery

② Toxic nodular goiter - surgery

③ Toxic adenoma -

Age 45-7 → Radio-active iodine

lobectomy - surgery → Tol

Q. Clinical Scenarios - Hypothyroidism

- weight gain
- cold-intolerance
- Pale Pulse 60/min.
- Puffy
- slurred speech

Diagnosis :

Hypothyroidism

Signs to look for

- 1- Bradycardia
- 2- Cold extremities
- 3- Peri-orbital puffiness
- 4- Brady-kinesis
- 5- Walt'sman sign.

Investigation :

T_3, T_4 level $\rightarrow \downarrow$

TSH $\rightarrow \uparrow$

High level of TPO antibodies.

Rx :

oral-Thyroxine 150 ug (replacement dose)

For rapid response:

Tri-iodothyronine T_3 . (20 ug x TDS).

Q. Young female presented in emergency department with complaint of lump in neck 2x2 cm, cervical lymph node involved hard irregular, painless, solitary (USG), Neck show solid swelling with lymph node

- Diagnosis
- Investigation
- Management

① Thyroid cancer (Papillary carcinoma)

② Investigations

Thyroid scan

Thyroid profile - T₃
T₄
TSH

FNAC - Dominant / Isolation.

X-ray

Ultrasound - solid / cyst.

CT-scan

MRI - Staging

True-cut biopsy

Excisional biopsy

Serum calcitonin level

Serum calcium level

Management

History

✓ Examination -	Inspection -	site	Palpation -
✓	size		Temperature
	shape		Tenderness
	surface		Consistency
	calous		Nodularity

Rx

surgery - Total Thyroidectomy - of lymph node invasion
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Neck dissection.

Radioactive Iodide Isotope I^{131}

Chemotherapy - Cisplatin

Long-life Thyroxine 150 ug to avoid
Iatrogenic hypothyroidism.

Q. 25 yr of age after subtotal thyroidectomy developed difficulty in respiration & lump in neck.

- Diagnosis
- Management
- Prevention

① Respiratory obstruction & laryngeal edema due to Tension hematoma.

② - Management :

- ✓ open wound instantly
- ✓ Release tension hematoma
- ✓ Intubation (Place tracheal tube for 07 days)
- Stressoids

③ - Prevention

- Avoid laryngeal Trauma
- Tension hematoma.

Q. Low Pitch Voice / Pitch variation

After Thyroidectomy for Papillary CA on post-op day

She complains of low pitch voice.

① - Superficial Superior laryngeal nerve palsy

② - Prevention

- Adequate exposure sup Thyroid pole.

- Ligate vessel near the SLN - saving SLN.

- But can speech therapy

voice therapy

- Medicalization Thyroplasty

- Type 1 "

Type 4 "