

# CASE REPORT: SUPERIOR VENA CAVA SYNDROME SECONDARY TO INTRATHORACIC GOITER

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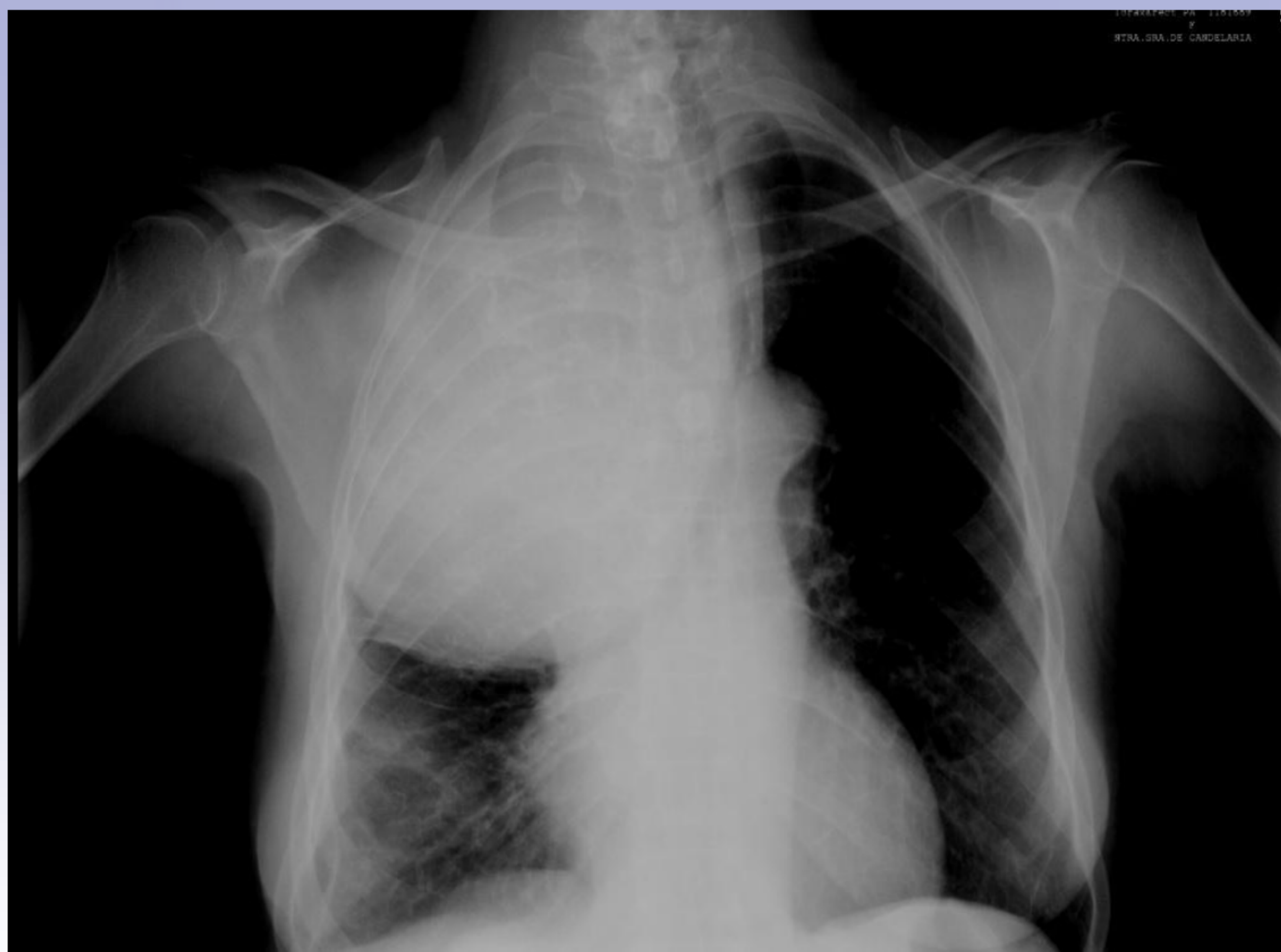
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## Introduction

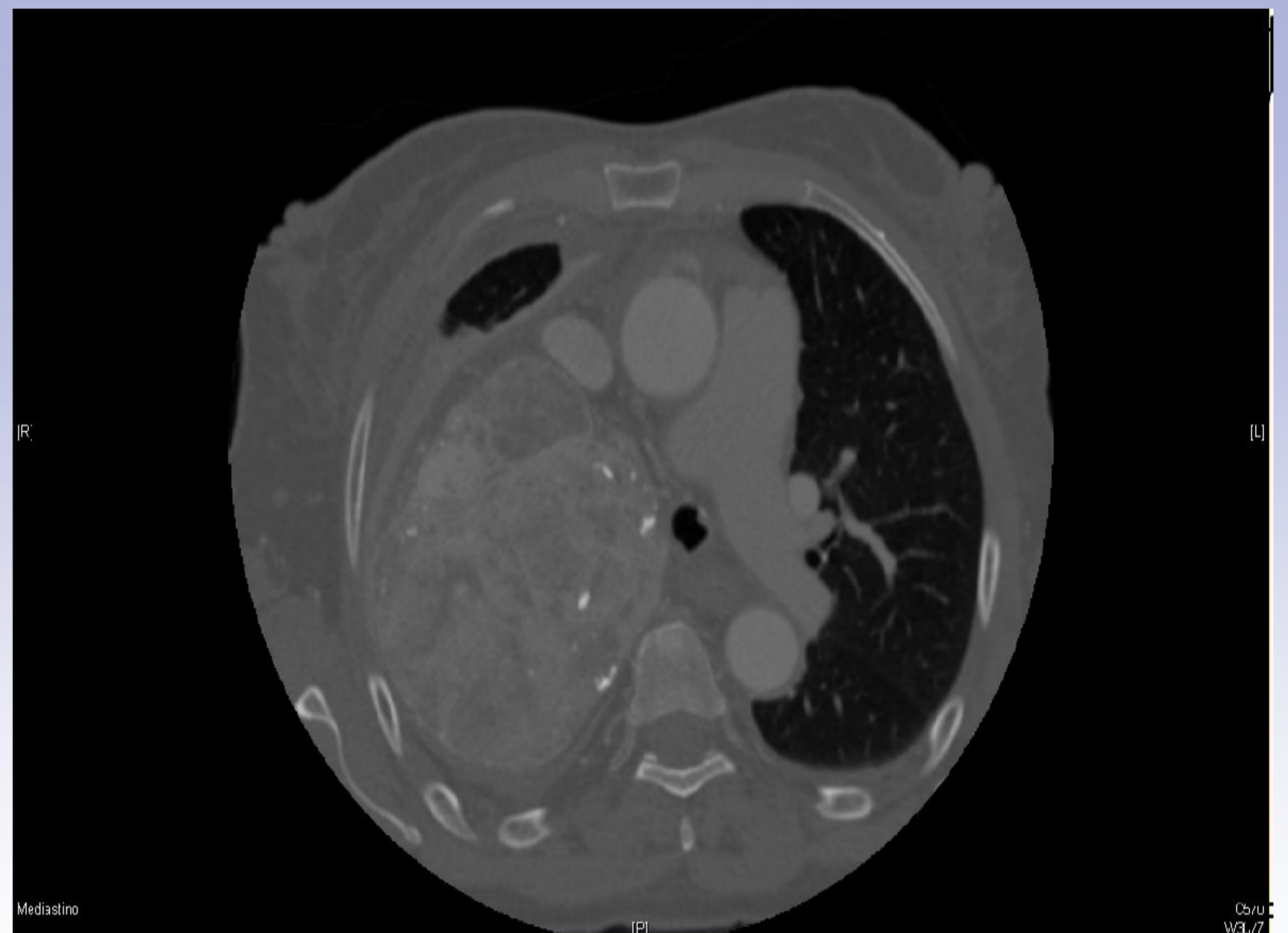
We introduce a case involving the appearance of superior vena cava syndrome secondary to intrathoracic goiter. We discuss the diagnosis, prognosis and treatment applied to this pathology.

## Case Report

67 year old woman who presents respiratory distress, cough and weight loss. After physical examination and a chest radiography showing a mass that occupied the upper and middle right lung lobes, a superior vena cava syndrome due to a neoplasm is suspected and at first, palliative radiotherapy is indicated. Chest and abdomen CT are done before treatment and an intrathoracic goiter is diagnosed. Fine needle eco-guided aspiration was attempted, not retrieving proper representative material, and not repeated due the intense vascularization of the gland. Bronchoscopy was performed, also showing bilateral vocal cord paralysis and longitudinal tracheal stenosis, being the cytological sample (obtained by aspiration and brush biopsy) negative for malignant tumor cells. Following this finding, surgical treatment is performed. The anatomopathological study of the excised material described a colloid adenomatous goiter without histological signs of malignancy. The patient was discharged, attending her first review visit 4 months later, having at the time persistent dysphonia but an overall clinical improvement.



Chest radiography performed in the emergency area, showing a mass that occupies the upper and middle right lung lobes, with contralateral displacement of the trachea.



Chest CT showing right lung atelectasis and a multinodular thyroid mass with calcifications and an intrathoracic extension up to the right superior pulmonary vein which displaces and compresses the trachea.

## Conclusions

When a superior vena cava syndrome is diagnosed, additional tests should be performed to discover the real etiology of the syndrome, which in this case corresponds to a giant intrathoracic goiter. Thyroid function tests and imaging techniques such as ultrasound or CT are indicated in these cases. The treatment of choice of the intrathoracic goiter is surgical removal, especially in cases where compression of adjacent structures is present. The most common complications after thyroidectomy are: recurrent laryngeal nerve injury, superior laryngeal nerve injury, transient or permanent hypoparathyroidism, hypothyroidism, bleeding, respiratory infections and tracheomalacia. As for treatment with radioactive iodine, reductions on gland size have been described. However, this possibility must be evaluated carefully, taking into account the high risk of thyroiditis with the consequent worsening of compressive symptoms, dysphagia and pain.

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