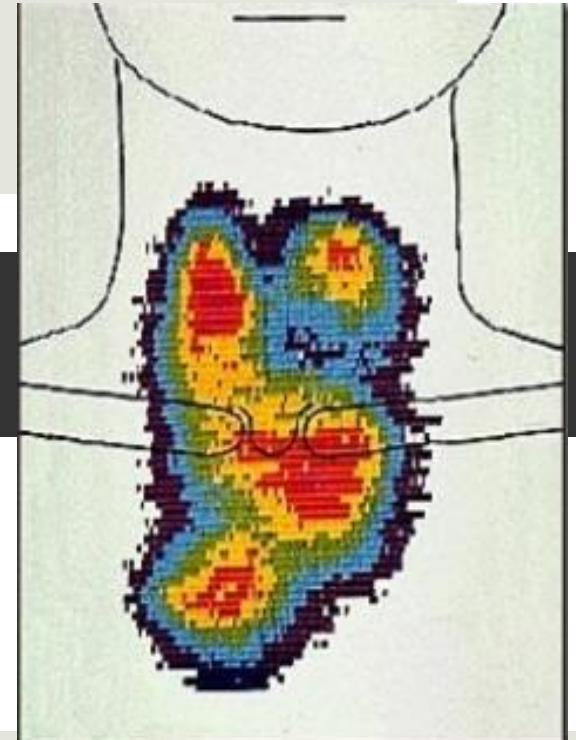
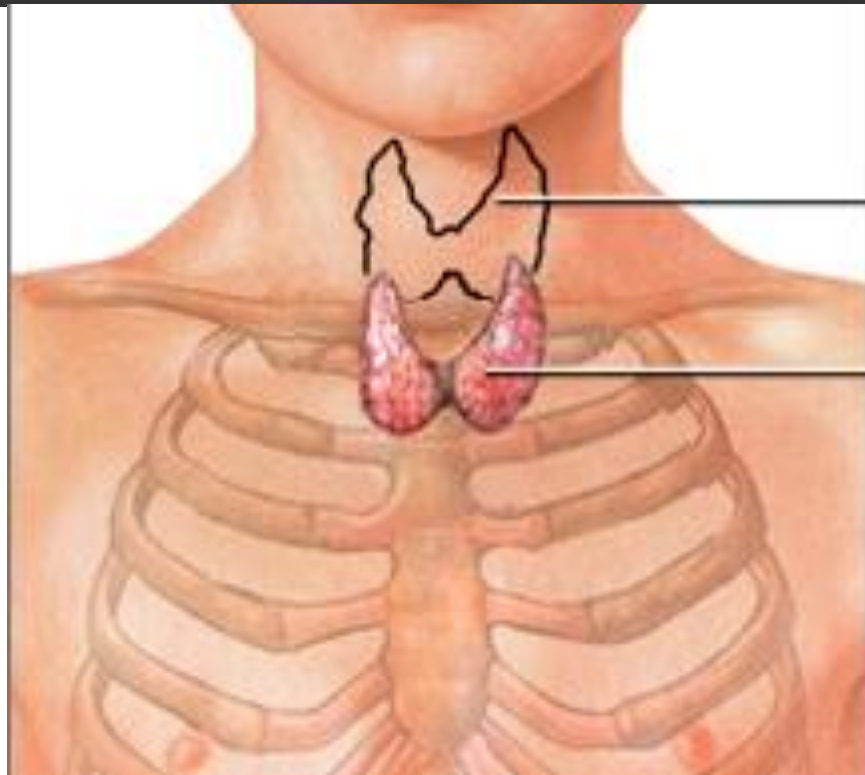


SURGICAL MANAGEMENT OF MEDIASTINAL COMPRESSION CAUSED BY MASSIVE RETROSTERNAL GOITER WITH CARDIOPULMONARY BYPASS: A CASE REPORT

Dr Rentia Fourie
SATS 2016



INTRODUCTION



Normal location
of thyroid gland

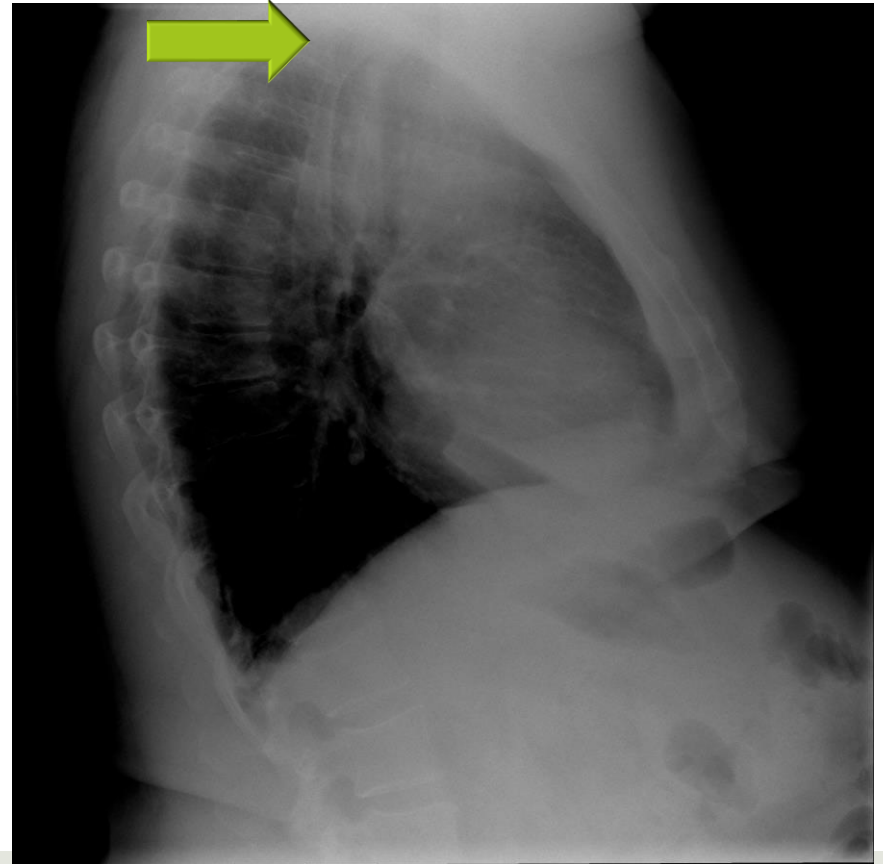
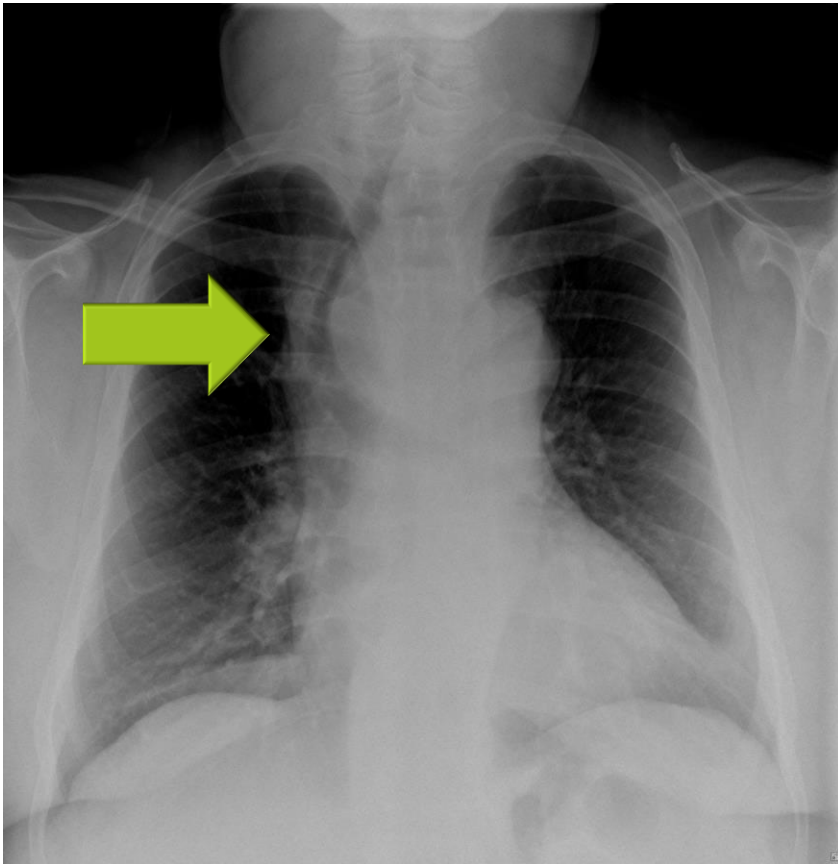
Retrosternal
thyroid

CASE PRESENTATION

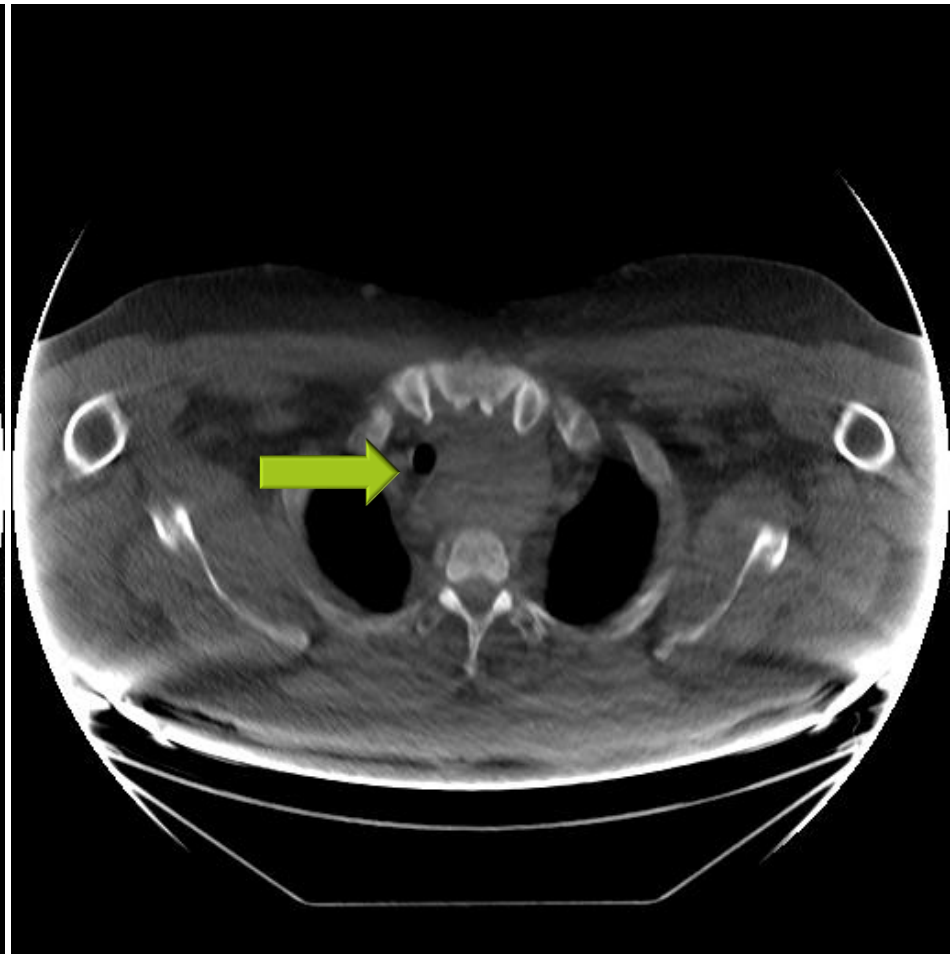
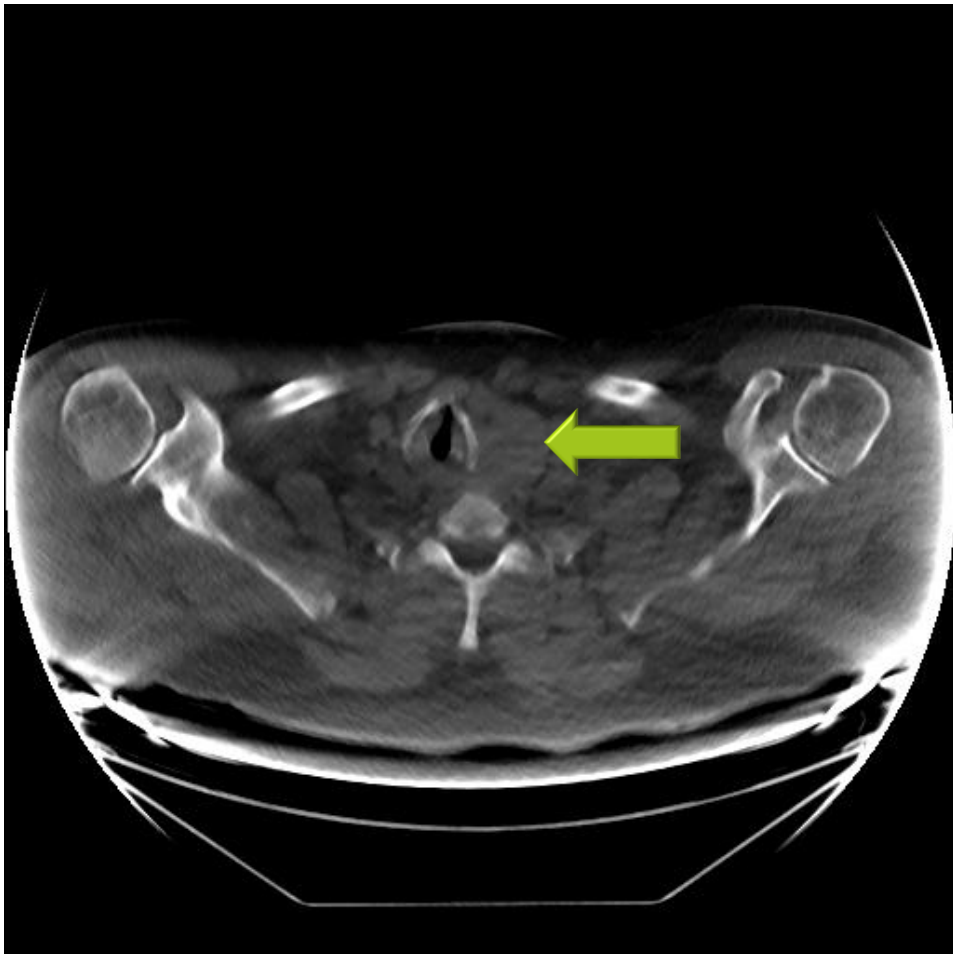
- 56 year old male patient presented to Thoracic clinic:
 - Main complaint of intermittend haemoptysis = 4years
- Other symptoms include:
 - Dyspnoea (NYHA III) = 1 year progressive
 - Hoarseness = 6 months progressive
 - Dysphagia = 3 months progressive
- Other medical history of note
 - Hypertension
 - Obesity type III
 - Obstructive sleep apnoea (home CPAP)
 - Asymptomatic hyperthyroidism = 20 years
- On examination
 - Signs of superior vena cava syndrome

PRE-SURGERY IMAGING

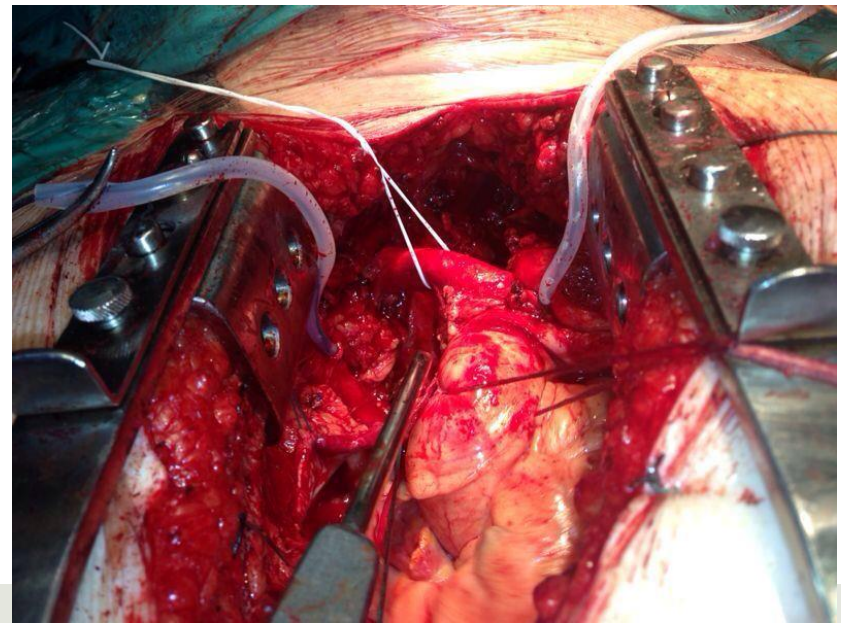
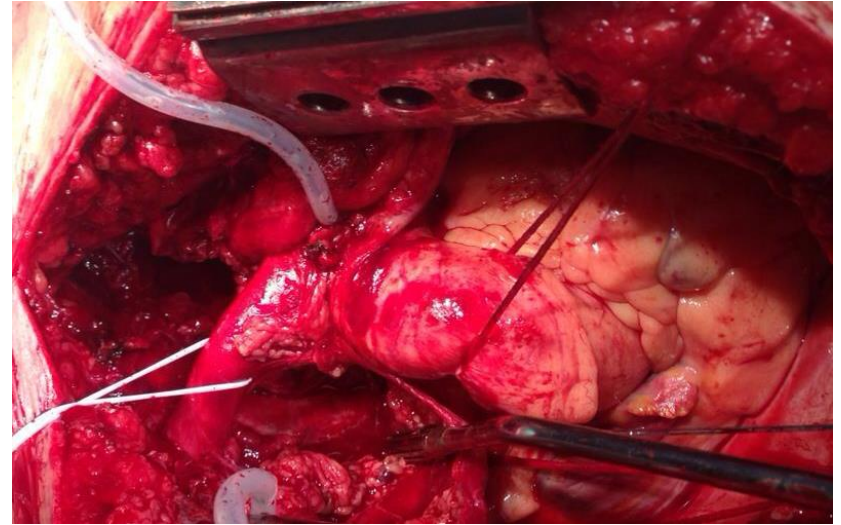
- Xray showed large superior mediastinal mass pushing trachea to the right with severe narrowing of the trachea



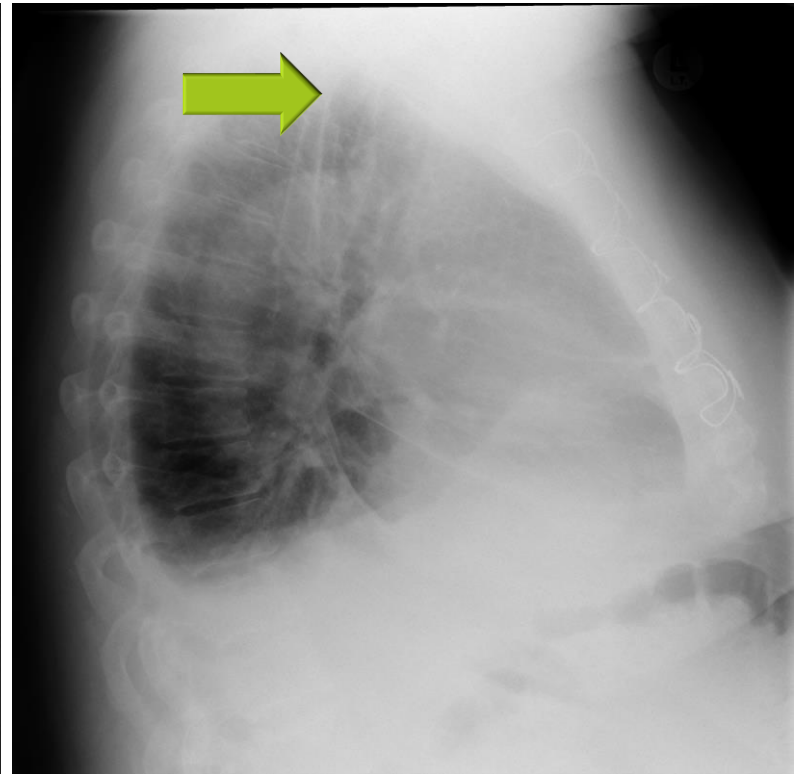
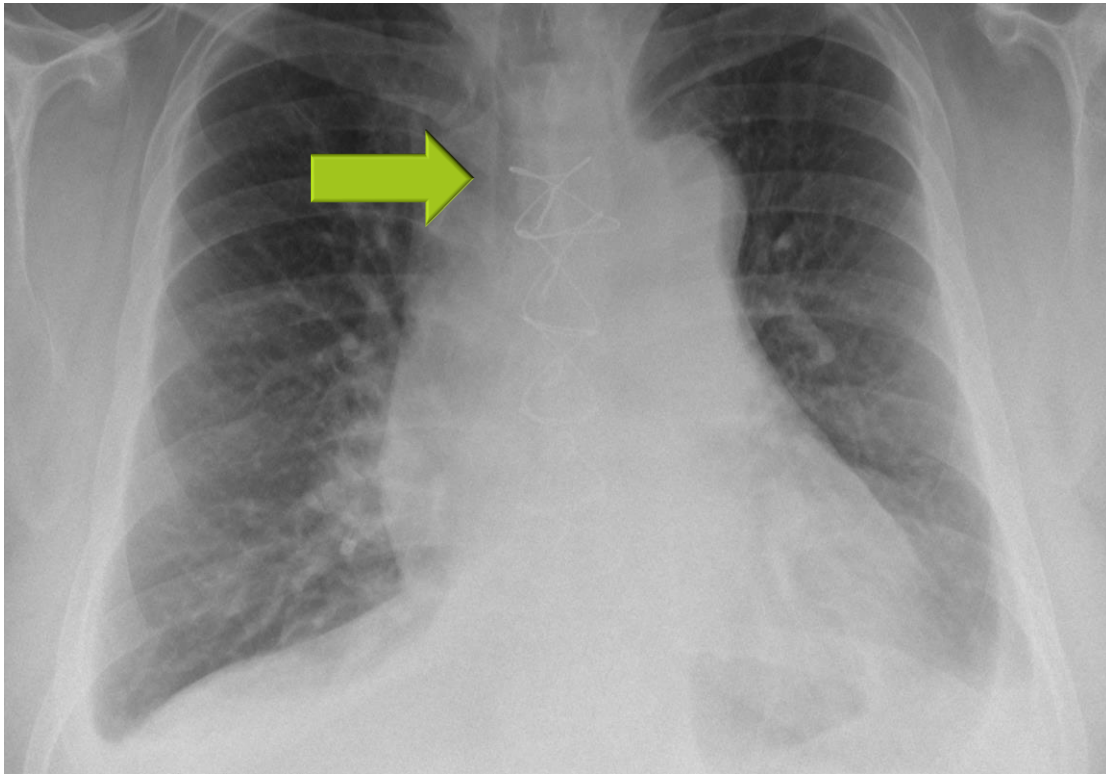
PRE-SURGERY IMAGING



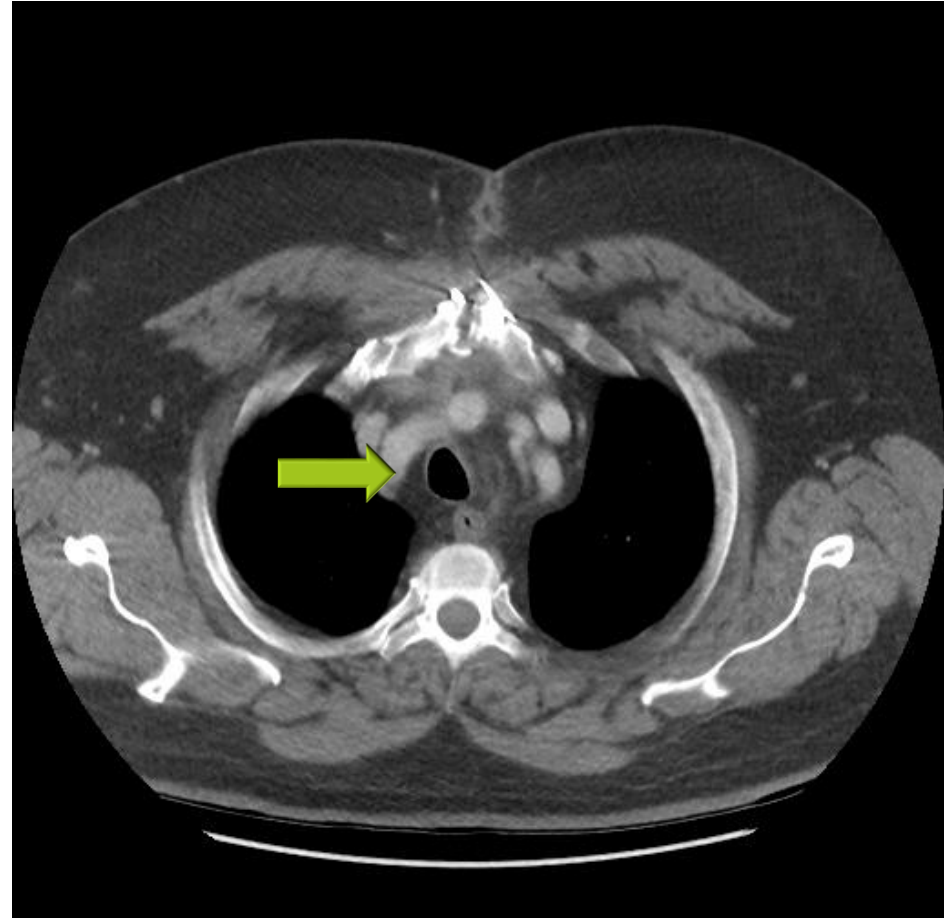
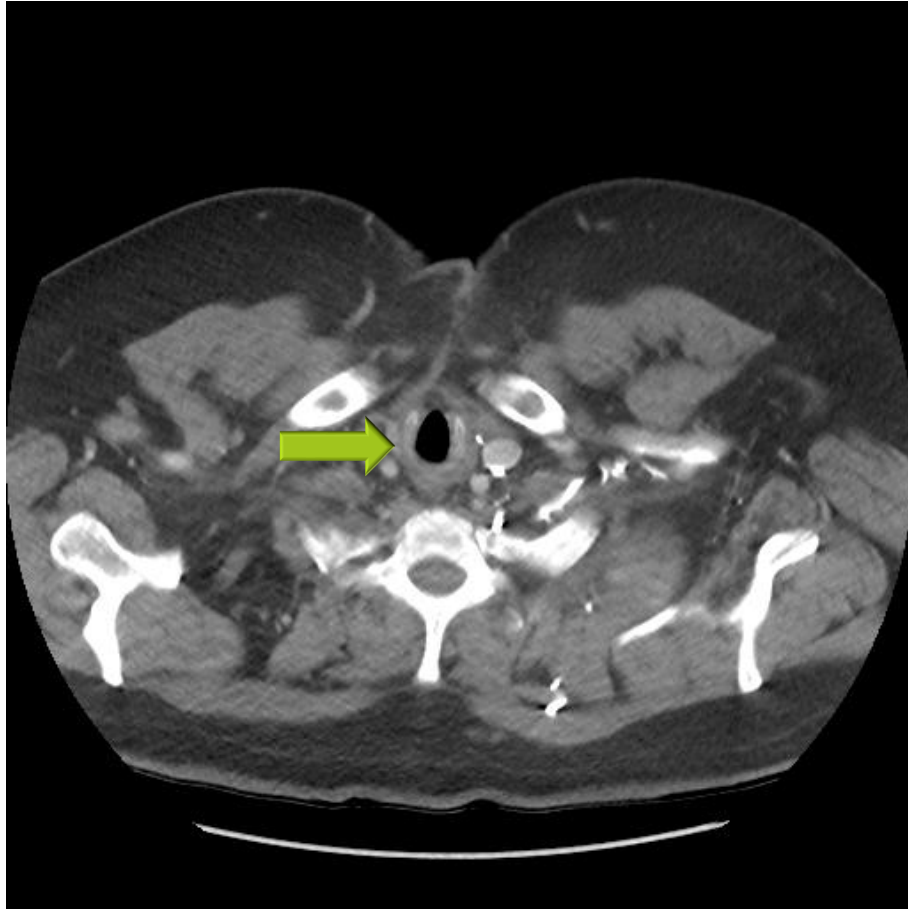
SURGERY



POST-SURGERY IMAGING



POST-SURGERY IMAGING



SUMMARY

- What we have learned from this case:
 - The innominate vein can be divided
 - The trachea can return to normal
 - Cardiopulmonary bypass can be used to deal with the difficult airway

Cardiopulmonary bypass can make the inoperable patient operable