ENDORAMA
Conference
Ben James
2/20/14
HPI

- 57 year old female
- 2007 thyroid nodule palpated by PCP
- Diagnosed with multinodular goiter
- High T3 (212), low TSH (<0.01), elevated anti-TPO antibodies
- RAI scan in 2009
  - Increased uptake in left known nodule, no cold nodules
HPI

• Noted increase in size of left nodule
• Daughter came home from college and noticed her mother sounded stridorous
  – No shortness of breath, difficulty swallowing, or voice changes
  – Forced her mother to see her endocrinologist

• TSH  <0.01
• T3    434
PMHx

- **PMH:**
  - Hyperthyroidism
  - Multinodular goiter

- **PSH:**
  - Abdominoplasty
  - Lap band
  - Bilateral knee replacements

- **Social:**
  - Teacher
  - No history of radiation

- **Family:**
  - Noncontributory

- **Meds:** methimazole, MVM
Imaging

• Ultrasound:
  – Enlarged thyroid with multiple nodules bilaterally
  – Left lobe increasing in size, now 9cm and composed of conglomerate nodules which have grown together

• Radio-active iodine scan:
  – Dominant nodule in left lobe now a cold nodule
  – Toxic multinodular goiter otherwise

• FNA of large left nodule:
  – Papillary thyroid cancer
CT
CT
CT
CT
ENT visit

• Flexible laryngoscopy
  – Bilateral vocal cord paresis

• Arrangements made for OR to have cardiac surgery available for ECMO if unable to intubate
OR

- Bilateral femoral vein lines placed
- Awake fiberoptic intubation with ENT and cardiac surgery on standby
- Total thyroidectomy
  - Strap muscles adherent to thyroid
  - Left jugular compressed and adherent to thyroid mass
- Left levels 2 and 3 lymph nodes enlarged on imaging but normal appearing in OR
  - Resected, no formal neck dissection
OR

- Bilateral recurrent laryngeal nerves visualized intact
  - Nerve stimulator
    - Right nerve conducted a signal
    - Left nerve did not conduct a signal

- Mild tracheomalacia
  - Tracheopexy per ENT

- Drain placed
Immediately postop

- Good respiratory dynamics, received dexamethasone during case
- Patient extubated easily in OR
- Preoperative stridor noted to be worse, but breathing and saturating well
- Stridor continued
  - Despite racemic epi and duonebs
- Saturations dropped to 88-92%
  - Attempt at facemask; ABG sent showing good oxygenation but pCO2 of ~65
  - BiPAP used, pCO2 dropped appropriately
- 90min postoperatively, patient saturating well but expressing that she is feeling very tired, having difficulty breathing
  - Elective reintubation
    - Vocal cord edema encountered
Hospital stay

- ICU for 36 hours intubated and sedated
- Dexamethasone for first 24 hours
- Good cuff leak
  - Extubated easily, weaned to room air quickly
- Stridor had resolved
  - Hoarse voice
- Discharged home PostOp day 5