

Name: Gijija

Age/Gender: 61y/F

Address: Thiruputhura.

D. a. A: 16/2/25

D. o. L: 18/2/25.

Chief Presenting Complaints:-

- Swelling in front of neck x 6 months
- Breathlessness x 5 months.

H/o Presenting Illness:-

Patient is apparently normal until 6 months ago, when others noticed a small swelling over front of neck which gradually increased in size. 5 months ago, she began experiencing breathing difficulty slightly difficulty in speaking.

h/o heat intolerance

h/o weight loss 3 kg

h/o increased sweating, loss of hair

no h/o constipation & diarrhea, cold intolerance, appetite changes.

no h/o malignancies.

Past History:

→ no h/o similar complaints.

→ no h/o radiation exposure, past surgeries.

h/o dyslipidemia x 2 months.

↳ managed with Atorvastatin 40 mg.

h/o CAD with MR & AR → She is on Clopidogrel

↳ Stopped 2 days ago. 75 mg

Family H/o
 no significant h/o.

Personal history:
 Mixed diet with Abnormal Appetite
 Normal Sleep
 Normal Bowel movements
 No alterations in bladder movement
 No addictions.

Menstrual history:
 Menarche at 16 yrs
 Menopause at 42 yrs.

<u>Obstetric H/o</u> G ₂ P ₂ L ₂ A ₀	<u>Investigation H/o</u> - TRADS III Sent for FNAC → Follicular (Benign) FSH (0.3 - 3.3 mU/L) - T ₄ (10 - 30 mmol/L) - T ₃ (3.4 - 1.5 μmol/L)
normal	

Examination: - General.
 → Patient was conscious
 → Elderly woman sitting comfortably on bed. Moderate, Built & Nourishment
 Ht: 154 cm
 Wt: 57 kg
 Pallor - present.
 J, C, C, LA, E = } -ve.

Vitals:- Pulse: 72 beats/min
RR: 14 breaths/min, Thoracoabdominal
BP: 130/70 mm Hg
Temperature: Afebrile.

Head to toe:-
Hair, skin and Nails normal

Local Examination:-

Patient was examined after obtaining verbal consent in a well-lit room with adequate light & privacy was maintained.

Inspection:-

X (Inspection was done in following Pizillo's method in which the hands are placed behind the head and the patient is asked to push her head backwards.)

- Inspection done in sitting position
- Single ~~node~~^{swelling} is present in the left lower part of the neck.
- The swelling moves upwards with deglutition & does not move on tongue protrusion.
- Left sided swelling about (3 x 2 cm) ^{3 cm vertical} _{2 cm horizontal} ovoid in shape with its extent horizontally from ant. border of sternocleidomastoid to midline and vertically 3 cm above the suprasternal notch
- Lower border of thyroid is visible

Over Skin over the swelling appeared to be normal.

no redness, dilated veins or scar marks; no fistula
Trachea appeared to be central

Rest of the thyroid gland appeared to be normal

Palpation:

Palpation done in sitting position with the patient's neck slightly flexed.

On palpation there is no local size or temp & tenderness.

~~The thyroid gland has smooth surface and it is not enlarged.~~

A single nodule of size 3×2 cm is palpated over left side of the front of neck with crest of the thyroid is not palpable.

It is oval in elliptical in shape, firm in consistency and located 3 cm above from suprasternal notch (horizontal extent Ant. border 2 cm from \odot SCM of SCM to midline).

5 cm from \oplus SCM (vertically 2 cm below thyroid)

Swelling is mobile in both plane.
Lower border of Thyroid is palpable

Trachea ~~appears~~ is central

No engorged veins

No other swellings

no scars

Palpation of Cervical LN - non-palpable

Percussion: Resonant over manubrium sterni
Auscultation: no thyroid bruit.

Primary toxic manifestations present
Eye signs

- Lid retraction -ve
- Exophthalmos -ve
- Von Graefe's -ve
- Stellwag's -ve
- Moebius -ve
- Dalrymple -ve
- Ophthalmoplegia -ve
- Chemosis -ve
- Joffroy -ve
- Tachycardia -ve
- Tremor -ve
- Moist skin -ve

2° Thyrotoxicosis

- Edema of Ankle
 - Orthopnea
 - Dyspnea on exertion
- } Abs.

Other Systemic Exams

to rule out metastasis was done and appeared to be normal

- CNS
- CVS
- GIT

- Skull
- Cervical spine
- Spine

Diagnosis:-

Case of a Solitary thyroid nodule in the left lobe of the thyroid gland; likely benign in a clinically hyperthyroid patient.

Date: _____

Summary:-

45-year-old male from Tripunithura presents with a slowly enlarging swelling on front of neck first noticed by others 5 months ago, with slightly difficult breathing & speaking. No head intolerance, hair loss, weight loss.

Past history free for Dyslipidemia & CAD. No relevant family history, personal, menstrual & obstetric history.

On G-examination pallor present all other systems examination ^{findings} appeared to be to be normal.

On local examination

Presence of a single ~~thyroid~~ swelling above 3x2 cm elliptical in shape on (L) side of ant. aspect of lower part of neck 3cm above suprasternal notch & 2 cm below hyoid bone. Horizontally from ant. border of SCM to midline. Lower border of the thyroid visible & the swelling moves with deglutition. Rest of the thyroid gland is non-palpable. The nodule is firm in consistency with a smooth surface and also mobile in both planes.

Mx

Investigations

→ Baseline Inv → TSH
 → T_3, T_4 (in this euthyroid)

→ Imaging — USG thyroid
 (TIRADS grading)

(based on size, solid/cystic, margins, calcifications)

→ FNAC: Diff b/w benign & malignant.
 of clinically suspicious irrespective of TIRADS stage do FNAC.

Additionally → Thyroid scan
 → Indirect laryngoscopy (pre-op)
 → CT/MRI.

(Tx) → Indication for Sx → (SIN in elderly (>40-50y))
 → Retrosternal extension
 → Pressure symptoms
 → Malignancy.

(2) In FNAC if it is follicular then do a Hemithyroidectomy wait for histopathology & if it is a carcinoma then I will do total thyroidectomy.

(1) Since this is a solitary thyroid N in an elderly patient with progressive enlargement & pressure symptoms, I would proceed to confirm the diagnosis & if appeared is follicular then

Other differentials include Colloid nodule, Thyroid cyst, Adenoma, malignancies like PCT or FC.

Mx depends on clinical risk - low-risk cases are observed, while suspicious or symptomatic nodules are treated surgically.

In PCT, the minimum tx is Total TD.
 In case of PCT ~~with~~ ^{presenting as} Solitary nodule

