

UNEXPECTED FINDINGS DURING THYROIDECTOMY

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Background/Purpose: While performing a regular thyroidectomy for papillary cancer a surgeon can encounter a wide array of anatomical variations not only related to the gland itself but also to the nearby and or adjacent structures. The surgeon should therefore be ready to promptly recognize anatomical variations in order to achieve a good result.

Here we present a case of a 60 year old white male who presented intermittent hoarseness and a three by two cm. right thyroid lobe nodule. An Ultrasound guided FNA Biopsy performed earlier diagnosed papillary cancer. A preoperative flexible endoscopic exam showed a normal mobility of both vocal cords.

Methods: Single unique case report

Results: The patient was subjected to a total thyroidectomy. As part of the operation, the right recurrent nerve was studied and found to be disturbed by a three cms cystic mass that displaced it laterally and originated in the right larynx. Exploration of this mass reveled an internal laryngocele. The operation was completed eventfully with no injury to the recurrent nerve.

Discussion & Conclusion: Thyroidectomy is a common operation; surgeons should be ready to accommodate to anatomical variation like the ones described are found.