AVOIDING COMPLICATIONS IN THYROID SURGERY
2013

**Panelists:**
- Gaurav Agarwal, MD. India
- Dan Fliss, MD. Israel
- Steven Libutti, MD. USA
- Ralph Tufano, MD. USA

**Moderator:**
- Jesus E. Medina, MD. USA
52 y.o. man,

- Had an uneventful right thyroid lobectomy 5 days prior for a 5 cm. “follicular lesion”, which proved to be a follicular adenoma.
- He presents now with a soft fluid collection under the incision that was aspirated yielding 9 ccs. of serous-sanguineous fluid
57 y.o. female,

- Had a right lateral tongue T1 N0 SCCa for which she underwent partial glossectomy on 6/06/2012.
- US of neck: incidental left thyroid nodule, 2.2 cm.
- FNA: Indeterminate
- 1/16/13: Left thyroid lobectomy, 3 cm incision
57 y.o. female,

- While being discharged from the recovery room she developed sudden swelling under the incision, which rapidly became tense as she began to experience difficulty breathing.
Case Presentation:

64 y.o woman reportedly had a 3 cm rubbery mass in the inferior pole of the right lobe, which was diagnosed as papillary carcinoma on FNA.

She was undergoing a total thyroidectomy for a papillary carcinoma of the thyroid. No nerve monitoring device in place.

During surgery, two firm nodes were noted in the right paratracheal area; the largest one, about 1.5 cm in diameter.
Case Presentation:

In the course of the paratracheal dissection, the surgeon realized that the recurrent laryngeal nerve had been divided between clips, “thinking it was a vein” about 5 mm above the level of the innominate artery.

He calls in consultation from the OR.
Case Presentation:

A 42 y. female present to the ER, about 72 hours after undergoing a total thyroidectomy, with overt symptoms and signs of hypocalcemia. The operating surgeon states that 2 parathyroids were visualized and appeared viable at the end of the procedure. Ionized Ca: 20 hrs. after surgery: 1.12 (N:1.10–1.35 mmol/L)
**Case Presentation:**

A 45 yo BF patient, who is known to have had a goiter for several years, is referred for surgery because she has developed progressively “noisier” breathing and SOB.
On examination she is no distress but her breathing is “noisy” on deep inspiration, no frank stridor.
Has a large goiter palpable on the right side, which extends substernally. Moves up with deglutition. VC motility is normal
Case 1a:
On 3/7/13 she underwent total thyroidectomy and was discharged in 48 hours. She returned on 3/21/13 with a history of increasing pain, swelling in the neck and fever. On exam: Temp: 39.5 C. No respiratory distress. Erythema and edema of the skin of the neck and upper chest, no crepitance. WBC 19,500.