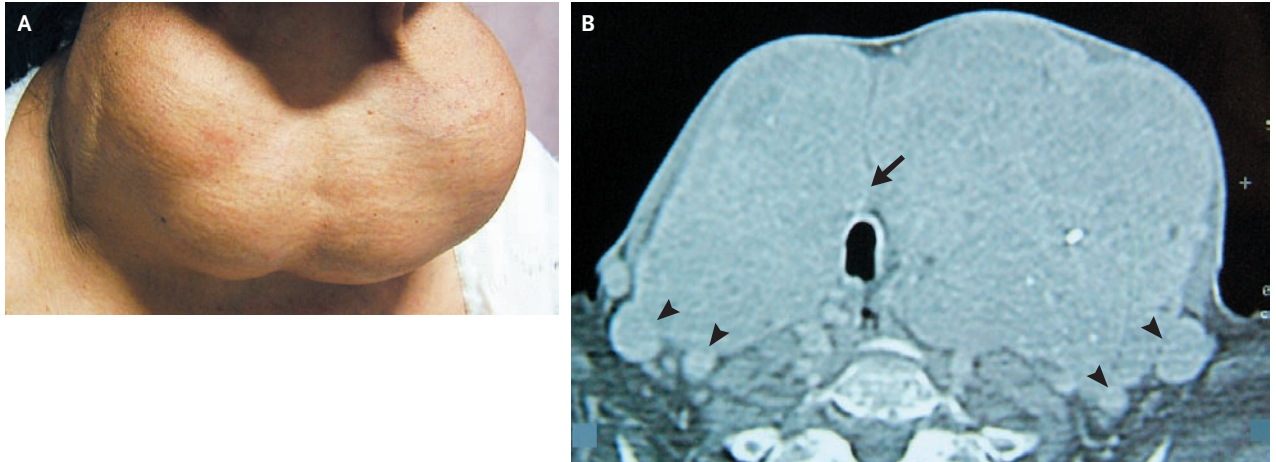


IMAGES IN CLINICAL MEDICINE

Endemic Multinodular Goiter



A 72-YEAR-OLD WOMAN PRESENTED FOR EVALUATION OF DYSPNEA. THIRTY-five years earlier, she had noticed a painless, slowly enlarging anterior neck mass. Since she was otherwise asymptomatic and many in her community had the same “problem,” she did not seek medical attention. For the past few years, however, she has had a sensation of suffocating a few minutes after falling asleep. Physical examination showed a goiter that was large, lobular, soft, and painless, with cyanosis and protrusion of the inferior lip (Panel A), which was probably related to chronic respiratory insufficiency. Serum thyrotropin and free thyroxine levels were normal. Computed tomography (Panel B) revealed a heterogeneous goiter, 16 cm by 7 cm, that was in contact with the trachea (arrow) and was displacing vascular structures (arrowheads). Cytologic examination of a specimen obtained by aspiration showed a colloid goiter. Surgical treatment was successfully accomplished early in 2007.

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