

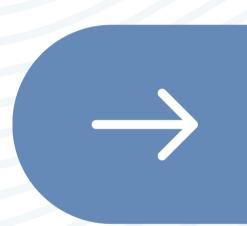


HENTEL BY

DAILY INFORMATION BULLETIN SERVICE

THYROIDECTOMY





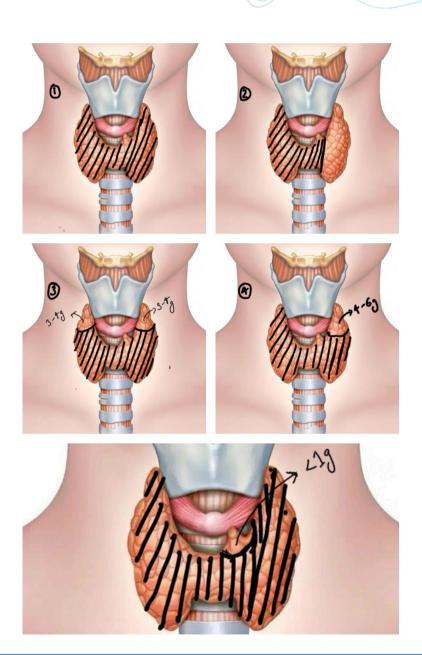


THYROIDECTOMY

It is surgical procedure to remove all or some part of thyroid gland used to treat malignancy, benign disease, or hormonal disease that is not responsive to medical management.



VISUAL REPRESENTATION





THYROIDECTOMY

INDICATIONS

- Toxic multinodular goiter; does not respond well to antithyroid drugs or radio-iodine
- Toxic solitary nodule; it may be neoplastic
- Malignant
- Presence of pressure symptoms
- Large goiter; does not respond to drugs and relapse is likely
- Male patient; likely have relapse after prolong therapy
- Failure of patient to take drugs regularly or follow-up
- Relapse after previous drug therapy

Contraindications

- Recurrent thyrotoxicosis after subtotal thyroidectomy
- Thyrotoxicosis without a palpable thyroid
- Drug goiter
- Thyrocardia
- Children



THYROIDECTOMY

complications

- Early
- Haemorrhage
- Tetany In first 3 days from corrected thyrotoxicosis or After 1 week with hypoparathyroidism
- Recurrent laryngeal nerve palsy 95% neurapraxia and resolves
 - If bilateral, cord adduct to midline so needs immediate reintubation Thyroid crisis, if throtoxic patient is inadequately prepared rare with modern technique
- Wound infection
- LATE
- Keloid
- Hypothroidism- 20%
- Recurrent thyrotoxicosis- <5% of patients undergoing thyroidectomy for grave disease



MCQ

Question: An elderly male patient was diagnosed with multinodular goitre, which surgery you will perform:-

- A) Total Thyroidectomy
- B) Near total thyroidectomy
- C) Sub- total thyroidectomy
- D) Hemi- thyroidectomy

Answer: c) Sub- total thyroidectomy

