



BMH Med. J. 2017;4(3):109-110 **Interesting Image**

A Retrosternal Goiter

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An 80 year old lady was evaluated for chronic cough with breathlessness of 5 years duration. She was on multiple medications for the same with little benefit. She has been hypertensive and is controlled with Amlodipine 5 mg daily. No family history of diabetes mellitus, cardiac or thyroid disease and not on any other medication. Physical examination revealed grade I goiter more on left side. No cervical lymphadenopathy. Thyroid function test revealed Serum total tri-iodothyronine 109.71 ng/dl, total thyroxin 10.92 ng/dl and TSH 0.27 UI u/ml. ECG was normal. X-ray Chest PA View showed a right paratracheal non-homogenous opacity (**Figure 1**). CT Thorax showed retrosternal right paratracheal extension of right lobe of bulky thyroid reaching upto the inferior border of aortic arch with multinodular changes in the thyroid gland. No significant mediastinal lymphadenopathy noted (**Figure 2**). She was advised Thyroidectomy by endocrine surgeon for which she was reluctant. She was treated symptomatically and advised follow-up.

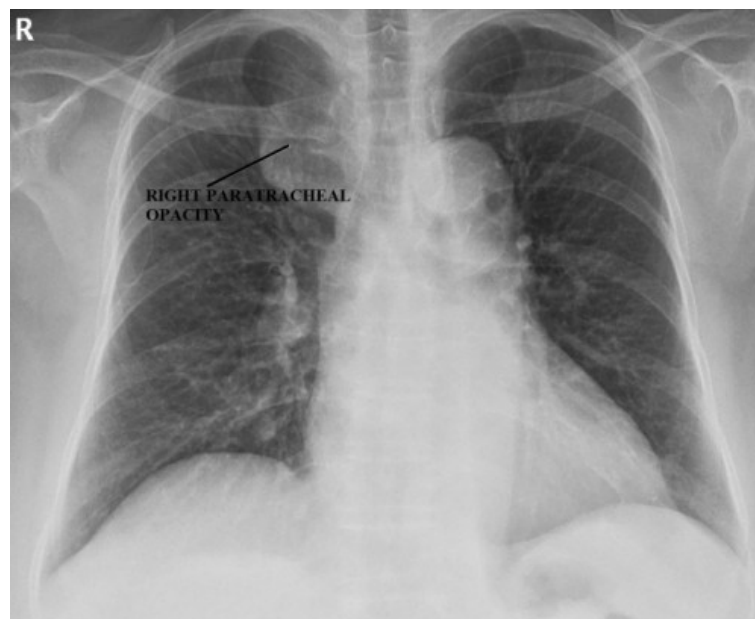


Figure 1: Chest X-ray PA view showing right paratracheal opacity

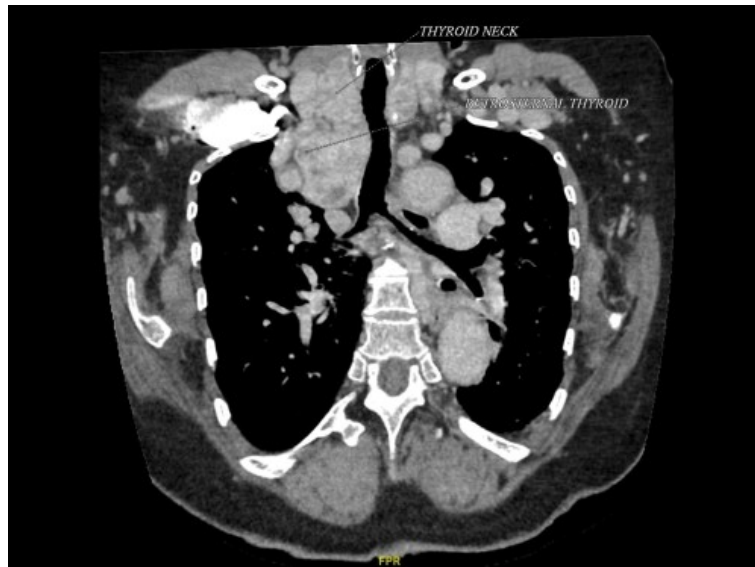


Figure 2: CT Thorax showing paratracheal extension of right lobe of thyroid reaching up to the inferior border of aortic arch