

9.19 Multi-disciplinary surgical management of retrosternal goitre: A Case Series

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Introduction: Retrosternal goitre descends below the thoracic inlet or has more than 50% of its volume below this level. In most cases the retrosternal goitre can be excised via cervical approach, but some cases require sternotomy for the removal of thyroid completely. This case series discusses a multi-disciplinary approach to these cases.

Case Series: Patient Demographics and Clinical Presentation

A 45-year-old female presented with a 1.5-year history of progressively worsening shortness of breath. In her medical history, she had undergone a left-sided thyroid lobectomy in 2000. A CT scan identified a mediastinal mass. This patient was admitted electively for excision of retrosternal goitre, with sternotomy as an option to aid in its excision if required.

Two male patients, a 76-year-old and 56-year-old both male presented with retrosternal goitre and underwent sternotomy in combination with cervical approach for complete excision.

Conclusion: The combined use of a median sternotomy approach with cervical approach offers a safe method for excision of retrosternal goitres, ensuring complete excision of the thyroid gland while reducing the potential harm to critical structures. Our series of cases highlights the importance of comprehensive preoperative assessment and personalised surgical planning to achieve the best outcomes for these patients.