A 36 yr old women mrs.Prema, home maker from madampakkam belonging to lower socioeconomic class presented with chief complaints of swelling in the front of neck for the past 2 months.

HISTORY OF PRESENTINGILLNESS

- The patient was apparently normal 2 months back after which she noticed swelling in the front of neck,

  -insidious in onset

  -initially small in size gradually progressed to current size.
- not associated with pain

- Difficulty in swallowing for past 1 month more for solid foods
- No h/o breathlessnes
- No h/o hoarseness of voice
- No h/o dyspnea/stridor
- No h/o syncopal attack
- No h/o suggestive of horner's syndrome

- No h/o weight loss/weight gain
- No h/o diarrhoea/constipation
- No h/o heat/cold intolerance
- No h/o insomnia/sleep disturbances
- No h/o oligomenrrhea/menorrhagia
- No h/o excessive sweating,diplopia
- No h/o tremors,muscle weakness

- No h/o palpitations,chest pain,pedal edema
- No h/o loss of weight, loss of appetite
- No h/o cough with hemoptysis,
- No h/o bone pain
- No h/o swelling elsewhere in the body

PAST HISTORY

- No h/o similar complaints in the past
- No h/o previous suergry or hospitalisation
- No h/o DM/HT/TB/asthma/epilepsy/jaundice
- No h/o neck irradiation in childhood
- No h/o allergy to drugs/food

PERSONAL HISTORY

- Consumes non veg diet
- Normal bowel and bladder habits
- Not an alcoholic/smoker
- No addictive habits
- Consumes iodinized salt
- Consumes too much cabbage,soyabeans, sea food

MENSTRUAL HISTORY

- Age at menarche – 14
- Regular cycles
- Normal flow 3/28
- not associated with clots

FAMILY HISTORY

- No significant family history

GENERAL EXAMINATION

- Patient is conscious,oriented,moderately built and nourished.
- No pallor
- No icterus
- No cyanosis
- No clubbing
- No pedal edema
- No generalised lymphadenopathy
- No signs of hyper/hypothyroidism

VITAL SIGNS

PR-76/min,regular in rhythm,normal volume, no specific character,no radioradial,radiofemoral delay,felt in all peripheral pulses,nature of vessel wall normal

RR-18/min, thoracoabdominal type

BP-130/70mm Hg measured in right upperarm,sitting posture

Afebrile

LOCAL EXAMINATION

- After getting consent from the patient,she was examined in sitting posture under bright light
- EXAMINATION OF THYROID

  INSPECTION
- A swelling of 6*5cm in the front of neck,butterfly shaped,in the region of thyroid,extending 2cm from suprasternal notch,upper border 2cm from oblique line of thyroid cartilage,extends upto anterior border of sternocledomastoid on both sides.
- Surface appears to be smooth,skin over swelling normal,well defined margin,lower border can be seen,

- No scar,sinuses,dilated veins,visible pulsation
- Moves with deglutition
- No movement with protrusion of tongue
- Trachea appears to be in midline

PALPATION

- Not warmth,not tender
- Inspectory findings of site,size,shape,extent are confirmed
- 2 nodules palpable on either lobe of thyroid gland.

nodule on left side: single nodule of size 1*1 cm hemispherical in shape present on left lobe.
EXTENT- 4cm above sternum
-0.5 cm from midline
-2cm from thyroid cartilage

nodule on right side: another noule of size 1*2 cm hemispherical in shape present in right lobe.
EXTENT- 2cm from sternum
-0.5cm from midline
-3cm from thyroid cartilage

- both nodules are soft to Firm in consistency, surface – smooth,margin- well defined,mobile,moves with deglutition
- Trachea in midline
- Kochers test –ve
- Berry's sign –ve
- Carotid pulsations felt on both sides equally
- No plapable thrill
- No regional lymph nodes palpable

PERCUSSION

normal resonant note over manubrium sternum

AUSCULTATION

no bruit

OTHER SYSTEM EXAMINATION

RS: normal vesicular breath sound heard, no added sounds

CVS: s1 s2 heard, no murmur

CNS:no focal neurological deficit

ABDOMEN:soft,non tender,no organomegaly,no free fluid,hernial orifice free

SPINE AND CRANIUM: normal

DIAGNOSIS: non toxic.non malignant, multinodular goitre in euthyroid state,with pressure symptom

MANAGEMENT

INVESTIGATIONS:

ROUTINE:

blood: complete hemogram-TC,DC,Hb%,ESR,BT,CT
blood urea,sugar,creatinine

urine: sugar,albumin

xray chest,ecg

SPECIFIC:

xray neck,CT neck

usg neck,radioactive iodine uptake study

ENT examination,

thyroid profile,thyroid antibodies,thyroglobulin

thyroid scan

FNAC

indirect laryngoscopy

TREATMENT

TOTAL THYROIDECTOMY

SUBSTITUTION THYROXINE 0.2 mg/day