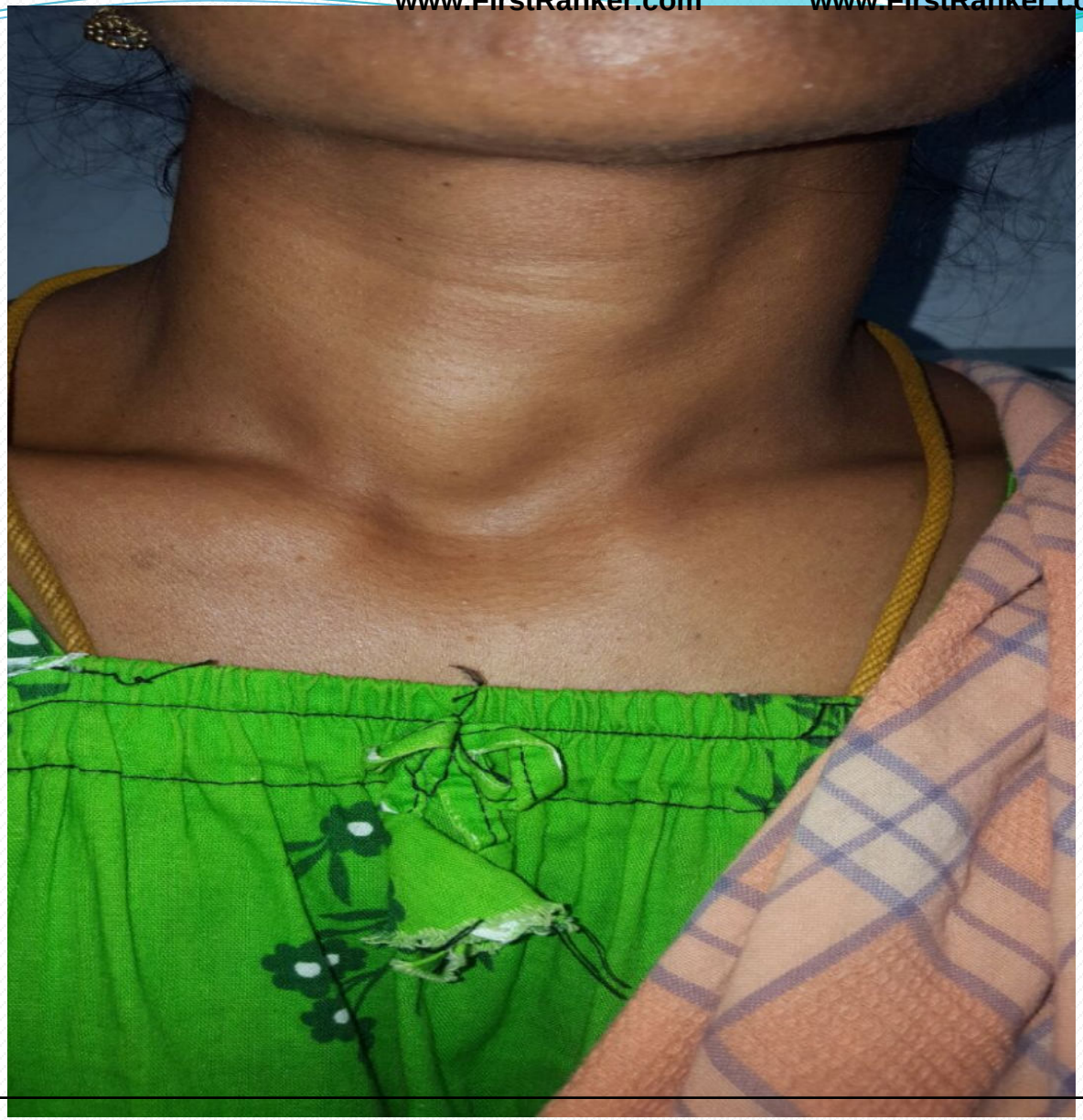


- 34 Year old lady , Mrs Saridha , House maid , coming from Mugappair belongs to low socio economic class
- C/O :

  Swelling in the front of neck for 3 month
- **H/O Presenting illness**

  The patient was apparently normal 3 month ago after which she developed a swelling in front of the neck

which was insidious in onset , initially smaller in size . Gradually progressive attain a current size

No H/O pain

No H/O sudden increase in size

No H/O breathlessness , difficulty in swallowing , hoarseness of voice

No H/O Syncopal attacks

No H/O Indrawing of eyeball

No H/O ipsilateral loss of sweating

- No H/O excessive sweating
- No H/O loss of weight / weight gain
- No H/O diarrhea / Constipation
- No H/O oligomenorrhea/ menorrhagia
- No H/O heat / cold intolerance
- No H/O diplopia
- No H/O tremor , Insomnia ,
- No H/O Chest pain, Pedal edema , palpitations , breathlessness
- NO H/O jaundice , bone pain , cough with hemoptysis
- No H/O swelling elsewhere in the body

PAST HISTORY

No H/O similar complaints in the past

No H/O previous surgery

No H/O DM , HT , TB , Asthma , Epilepsy , Jaundice ,

No H/O irradiation

PERSONAL HISTORY

Consumes mixed diet

No H/O excessive iodine intake

No H/O excessive consumption of brassica group of vegetables

Normal bowel and bladder habbits

Not a smoker / alcoholic

No H/O allergic to food & drugs

MENSTURAL HISTORY

Age at menarche : 15 years , regular cycle 3/30 , no clots

LMP : 21 nov 2017

no pads soaking for a day : 2

FAMILY HISTORY

No relevant family history

GENERAL EXAMINATION

The patient is conscious , oriented , well built & nourished

No pallor / icterus / cyanosis / no clubbing / no pedal edema / generalised lymphadenopathy

No eye signs

no tremor

skin normal

No signs of hyper/hypothyroidsm

Vital signs

Pulse : 74/min , normal in rhythm , volume , no specific character , no radio radial / radio femoral delay , all peripheral pulse felt

Blood pressure : 110/70 mmHg measured in right arm in sitting position

Respiratory rate : 16/min , thoraco abdominal type

Temperature : Afebrile

Examination of Thyroid region

After getting consent from the patient , explaining the procedure , the patient was examined in sitting position under bright light

INSPECTION :

A single swelling of size 4 * 4 cm , hemispherical in shape present in the front of neck region of thyroid extending from 3cm below from thyroid cartilage , 2cm above from sternal end of clavicle , medically upto midline , laterally along anterior border of sternoclenomastoid muscle on right side

smooth surface

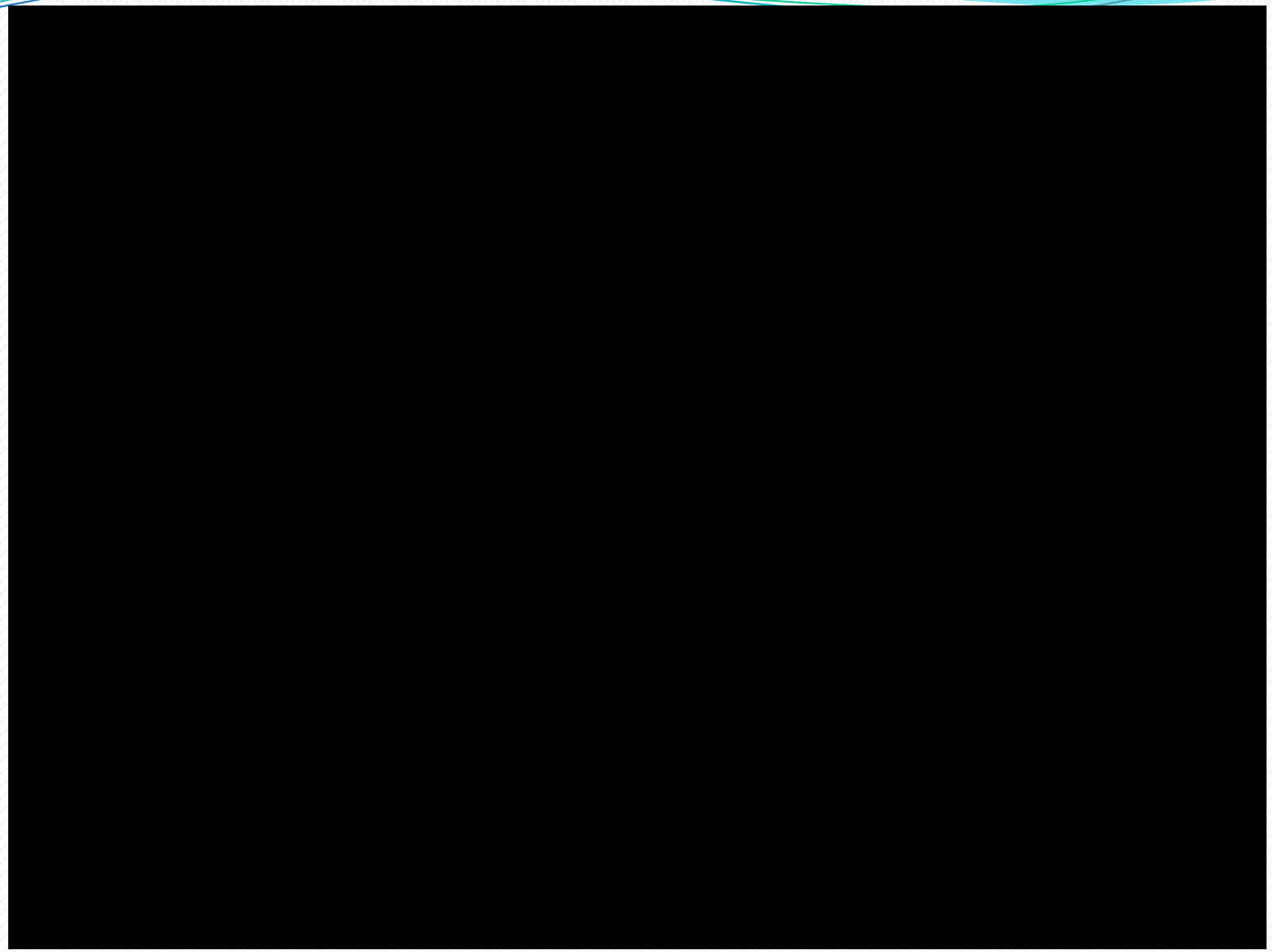
skin over the swellling normal

swelling moves with deglutination, does not moves with protrusion of tongue

lower border is seen

trachea appears to be midline

no scars / sinus / visible pulsation / dilated vein / no visible node enlargement



PALPATION

After asking the patient to slighty flex the neck , palpation is done standing behind the patient & then from front

not warmth / non tender

inspectory finding of site , size , shape , extent – confirmed

margins well defined

smooth surface , skin over swelling normal

firm in consistency , which is mobile

skin pinchable

plane of swelling deep to deep cervical facia

lower border is palpable

caratoid pulsation felt equally on both sides

Trachea is in midline

kocher's test – no stridor

no palpable thrill

PERCUSSION

normal resonant over sternum

AUSCULATION

no bruit heard

Examination of lymph node :

No nodes are palpable

OTHER SYSTEM EXAMINATION

RS : Normal vesicular breath sounds heard , no added sounds

CVS : S1 , S 2 heard , no murmur

Abdomen : soft , non tender , no organomegaly

CNS : no focal neurological deficit

Spine & Cranium : Normal

Diagnosis :

Non toxic Solitary nodule of thyroid involving the right side in euthyroid state with no pressure symptoms

MANAGEMENT

- Investigation :

  Routine investigation

  complete hemogram : TC /DC/ ESR / Hb / Blood grouping and typing

  Blood sugar , urea , creatinine , serum cholesterol

  Urine sugar , albumin

  X ray chest - PA view

  ECG

- Specific investigations

USG – neck

Thyroid function test – Free T3 ,Free T4 ,TSH level

Fine needle aspiration cytology

X ray neck – PA / Lateral view

CT neck

IDL

Radio-iodine uptake study

TREATMENT

Hemithyroidectomy of right lobe