

Letter to the editor / Письмо в редакцию

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Letter to the Editor regarding: “Management of a massive retrosternal goiter after prior thyroid surgery: a clinical case”

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To the Editor

After partial thyroid surgery, the rare retrosternal or forgotten retrosternal goiter (RSG) may be found to be evolving at a later stage without any obvious symptoms. In cases of compressed adjacent structures, changes in local anatomy make effective management difficult [1–5]. We read with great interest the case study published in this Journal by D.D.T. Setyo and I. Sidharta. The case in question was a 58-year-old woman who underwent a left isthmolobectomy in 2006 that evolved with dysphagia and was caused by a massive left RSG [5]. The goiter caused compression on the trachea and esophagus and was located close to the mediastinal vessels. She underwent a total thyroidectomy by transcervical and median sternotomy, resulting in complete resection of the retrosternal component. The authors emphasized the delayed progression of the left goiter, the fact that the sternotomy was guided by images, the multidisciplinary team as well as the long-term follow-up [5]. In this context, it may be useful to add some comments based on recent research articles on related cases [1–4].

One such case concerns a 53-year-old woman who developed an anterior neck mass nearly 16 years after prior cervical surgery. Images revealed a large multinodular goiter with retrosternal extension and tracheal displacement. Once a biopsy had confirmed the presence of a goiter, she underwent a total thyroidectomy using a cervical collar incision but without sternotomy [1]. The authors mentioned that even large recurrent RSGs with limited intrathoracic extension can also be safely treated via a cervical approach. They highlighted the value of careful preoperative evaluation and surgical planning [1]. Also, a 51-year-old woman who underwent a total thyroidectomy for a multinodular goiter two decades ago showed gradual facial swelling, neck vein

distension, and dyspnea [2]. Imaging studies revealed a large heterogeneous mediastinal mass compressing the central veins and the trachea, consistent with RSG that was excised through a cervical approach. Benign nodular thyroid tissue was confirmed. The patient fared well after the operation and soon became asymptomatic [2]. The authors stressed that forgotten RSG may present itself decades after thyroidectomy with severe complications like compression of the superior vena cava syndrome. There was also the case of an 83-year-old woman with a voluminous thyroid goiter and mediastinal extension to the tracheo-esophageal groove who required resection by sternotomy [3]. She complained of globus sensation, had a soft mobile 6×6 cm left thyroid mass, and images showed multiple enlarging thyroid nodules with substernal extension. The right thyroid lobe presented a retrosternal extension between the trachea and esophagus. She underwent a hemisternotomy in order to allow for a total thyroidectomy. Upon her outpatient follow-up three months later, she proved to be clinically very well. The authors emphasized the preoperative planning for mediastinal mass excisions, and highlighted the varying outcomes associated with rare and common tumors [3]. Data from 5 patients (3 women) who underwent surgery for forgotten RSG were reviewed; the ages ranged from 32 to 56 years, two were asymptomatic. The average time from the first thyroidectomy to re-operation was 4.3 years, and all underwent a sternotomy [4]. There were no postoperative deaths, and the histopathological evaluation of the mediastinal goiter confirmed multi-hetero nodular thyroid hyperplasia in all cases. The authors emphasized forgotten RSG as a challenging and extremely uncommon condition that should be prevented through complete preoperative imaging evaluations [4].

AUTHOR CONTRIBUTIONS

Vitorino M. dos Santos: article conception, manuscript drafting and revision, funding acquisition. **Kin M. Sugai:** article conception, manuscript drafting and revision. The corresponding author attests that all listed authors meet the authorship criteria and that no others meeting the criteria have been omitted. All authors approved the final version of the article.

ВКЛАД АВТОРОВ

В.М. дос Сантос: разработка концепции статьи, подготовка и доработка рукописи, финансирование. **К.М. Сугаи:** разработка концепции статьи, подготовка и доработка рукописи. Автор, ответственный за переписку, подтверждает, что все перечисленные авторы соответствуют критериям авторства и что другие лица, соответствующие этим критериям, не были исключены из списка авторов. Все авторы одобрили окончательную версию статьи.

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