

Study of Clinical Manifestations and Management of Thyroid Swelling

Bikram Chandra Lenka¹, Gurudutt Bhaskar Basrur²

¹PG Resident, Dept. of General Surgery, Pacific Medical College and Hospital, Udaipur, Rajasthan

²Professor, Dept. of General Surgery, PMCH, Udaipur, Rajasthan

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Corresponding author: Dr Bikram Chandra Lenka

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Abstract

Introduction: In India about 170 million people suffer from thyroid disease. The world's largest goiter belt is the Himalayan goiter belt from Kashmir in the north to Naga Hills in the east. Thyroid disease is a condition that affects the functioning of the thyroid gland.

Methodology: The present study was carried out in Department of Surgery, for last one year. We randomly selected patients with thyroid swelling. We collected data from 50 patients for this study. The patients history, clinical presentation, investigations and followed up management was clearly and in detail recorded in patients sheets. The data was filled in excel sheet and was further analysed and tabulated.

Results: In our study included 50 patients of whom 42 were female patients (84%) and only 8 (16%) male patients. The median age group was found to be 36.78 years in our study. In our study, 24% required surgical treatment while 76% of patients underwent treatment. We found, 62% benign, 24% dangerous, while 14% had hashimottos. We included patients with inflammation of the neck (100%).

Conclusion: Thyroid inflammation was most commonly seen during the 3rd and 4th centuries of life, with the abuse of women. The most common benign thyroid gland is Colloid goiter and papillary carcinoma was the most common malignant disease. Histopathology is considered a gold standard.

Keywords: Thyroid swelling, goitre, thyroid inflammation.

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Introduction

In India about 170 million people suffer from thyroid disease [1]. The world's largest goiter belt is the Himalayan goiter belt from Kashmir in the north to Naga Hills in the east. Thyroid disease is a condition that affects the functioning of the thyroid gland. The thyroid gland is usually insensitive. In thyroid disease there will be inflammation of the thyroid gland and it

becomes obvious. It causes symptoms of pressure on the throat and esophagus as well as cosmetic paralysis. The most common cause of thyroid inflammation is iodine deficiency [2]. The thyroid suffers from a variety of developmental disorders, inflammation and neoplastic [3]. Inflammation of the thyroid gland can be dangerous or serious. Thyroid diseases include hyperthyroidism, hypothyroidism,

manodular dysfunction such as diffuse goitre, multinodular goitre and tumors including thyroid adenoma, papillary carcinoma, follicular carcinoma, medullary carcinoma etc.

Methodology:

The present study was carried out in Department of Surgery, for last one year. We randomly selected patients with thyroid swelling. We collected data from 50 patients for this study. The patients history, clinical presentation, investigations and followed up management was clearly and in detail recorded in patients sheets. The data was filled in excel sheet and was further analysed and tabulated.

We included patient's age group from 20 years to 60 years in present study irrespective of genders. We excluded complicated cases associated with other systemic illness.

Study Protocol:

History

According to Performa, detailed history based on name, age, gender, occupation, address, residential address, major complaints, medical history, features of hypothyroidism or hyperthyroidism, history of thyroid disease treatment, drug history and history of previous surgery or discharge history of the neck rays were written.

General Testing and System

Comprehensive General Physical and Vision System tests are performed involving the heart and blood vessels, central nervous system and abdominal examination.

Location Inspection

Comprehensive ENT testing was performed in all patients with primary emphasis on local thyroid inflammation. Inflammation was tested in a Lahey manner. Pemberton marker requested to detect Goiter retrosternal expansion. The full test is marked performa.

After a complete history and physical examination a temporary diagnosis will be made. Patients are under investigation.

Laboratory Research

Complete Thyroid Profile, Neck Ultrasound with TIRAD, FNAC with Bethesda Phases, Histopathology.

Thyroid profile: Pre-surgery is performed on all patients to evaluate the patient's hormonal tests. Patients with an underactive thyroid profile were initially treated medically. It was then that after the surgery a complete treatment was arranged.

Fine Needle Aspiration Cytology: For all safety measures FNAC is performed on all patients, in the pathology department using 23 gauge needles. Smears will be repaired with cheap materials and contaminated with hematoxylin and eosin, a leishman pigment. Other colors such as PAS etc are also used. A cytological diagnosis was made.

Results:

In our study 50 patients were included of them were 42 (84%) female patients while only 8 (16%) male patients.

Mean age group was found 36.78 years in our study.

Table 1: Gender wise patient's distribution

Gender	Number of patients	Percentage
Male	42	84
Female	8	16
Total	50	100

Table 2: Age wise patient's distribution

Age (Years)	Number of patients	Percentage
20 -40	32	64
40 - 60	18	36

Table 3: Clinical presentations

S.NO.	Clinical presentation	Number of patients	Percentage
1	Neck swelling	50	100
2	Palpitations	44	88
3	Tachycardia	46	92
4	Weight loss/gain	42	84
5	Tremors	21	42
6	Heat intolerance	20	40

Table 4: Diagnosis

S.NO.	Diagnosis	Number of patients (Percentage)
1	Benign	31 (62%)
2	Malignant	12 (24%)
	Hashimottos diseases	7 (14%)

Table 5: Management of patients

S.NO.	Management	Number of patients	Percentage
1	Medical management	38	76
2	Surgical management	12	24

In our study, 24% required surgical management while in 76% patients were managed on medical treatment .We found, 62% benign, 24% malignant, while with 14% with hashimottos diseases. We included patients with neck swelling (100%) .

Discussion:

The clinical manifestations of hyperthyroidism are highly dependent on its cause. However, the disorder that causes hyperthyroidism may have other consequences. In particular, Graves' disease, the most common cause of hyperthyroidism, causes unique problems that are not related to high concentrations of thyroid serum. These include Graves' orbitopathy and infiltrative dermopathy(local or pretibial myxedema). Many patients with Graves' hyperthyroidism have widespread goiter, but so do patients with other, rare causes of hyperthyroidism such as painless thyroiditis and thyroid-stimulating

hormone (TSH) -producing pituitary gland. [4]

In our study included 50 patients of whom 42 were female patients (84%) and only 8 (16%) male patients. The median age group was found to be 36.78 years in our study. In our study, 24% required surgical treatment while 76% of patients underwent treatment. We found, 62% benign, 24% dangerous, while 14% had hashimottos. We included patients with inflammation of the neck (100%). [5]

Thyroid inflammation is the most common inflammation among endocrine disorder. It can affect any age group. USG neck will help diagnose solid and cystic ulcers. Surgical treatment. FNAC is an excellent diagnostic tool to reduce the incidence of thyroidectomy. FNAC is an inexpensive, reliable and OPD process. A final diagnosis can only be made by HPE after surgery. [6]

Finally, symptoms associated with hyper- or hypothyroidism should be associated with physical findings. Clinical diagnosis

should also be based on appropriate laboratory tests for thyroid function. The discrepancy between clinical findings and laboratory tests requires explanation, and a thorough examination requires that the discrepancies be resolved. [7]

Conclusion:

Thyroid inflammation was most commonly seen during the 3rd and 4th centuries of life, with the abuse of women. The most common benign thyroid gland is Colloid goiter and papillary carcinoma was the most common malignant disease. Histopathology is considered a gold standard.

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