



Clinical Image

Tracheal Stenosis Due to an Abscess from Thyroid Tumor

Takeshi Kusunoki^{1*}, Hiroto Homma¹, Yoshinobu Kidokoro¹, Aya Yanai¹, Kenji Sonoda¹, Yuichiro Saikawa¹, Ryo Wada² and Katsuhisa Ikeda³

An 88-year-old Japanese man underwent cervical spondylotic surgery under general anesthesia at a referring hospital. He soon fell into dyspnea after extubation. He underwent tracheotomy to keep the airway patent and was transferred to our hospital.

In the preoperative CT scan, tumors of the bilateral lobes of the thyroid were diffusely swollen and had grown into the space between the posterior wall of the trachea and esophagus, leading to the tracheal stenosis by compressing the posterior wall of the trachea (Figure 1).

Moreover, an upper region of right thyroid lobe showed a low density area 2 cm in the long diameter. We performed total thyroidectomy with preservation of the bilateral recurrent nerve. The postoperative histopathology was mostly adenomatous goiter in both lobes. By preoperative CT an upper region of the right thyroid lobe showed a low density area with the long diameter 2 cm adhering to the surrounding tissues and showed abscess findings without malignancy (Figure 2). Two regions (long diameter 4 mm and 12 mm) in the left lobe showed papillary carcinoma without capsular invasion.

The progress after surgery was good, and there was no dyspnea or vocal cord paralysis. In the postoperative CT, the trachea appeared to be free from stenosis and normal without tracheomalacia (Figure 3).



Figure 1: Tracheal stenosis by compressing the posterior wall of the trachea (*).



Figure 2: Long diameter 2 cm adhering to the surrounding tissues and showed abscess findings without malignancy (*).



Figure 3: The trachea appeared to be free from stenosis and normal without tracheomalacia.

Therefore, the stoma from the tracheotomy could be closed. Not all huge benign thyroid tumors with tracheal compression cause dyspnea. We reviewed the CT findings of tumors with dyspnea and found that tumors that occupied the space between the posterior wall of the trachea and esophagus lead to tracheal stenosis, as in our case [1,2].

References

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*Corresponding author: Takeshi Kusunoki, Department of Otorhinolaryngology, Juntendo University of Medicine, Shizuoka Hospital-1129, Nagaoka Izunokuni-shi, Shizuoka 410-2295, Japan, Fax: +81-55-948-5088; E-mail: ttksunoki001@aol.com

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Author Affiliations

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¹Department of Otorhinolaryngology, Juntendo University of Medicine, Shizuoka Hospital, Shizuoka, Japan

²Department of Pathology, Juntendo University of Medicine, Shizuoka Hospital, Shizuoka, Japan

³Department of Otorhinolaryngology, Juntendo University, Faculty of Medicine, Tokyo, Japan