resisting poorly considered and untested schemes.

Overall, we would suggest that our specialty has never been stronger. There will always be threats to our practice and inevitable change, but we have the capacity to shape and direct that change in ways that ensure we not only survive, but prosper in the face of the many challenges that lie ahead. Critically important to this process will be hard work and constructive engagement: at a local level with healthcare commissioners, and at a wider level actively supporting our national bodies and the soon to be merged College of Emergency Medicine. We contend that emergency medicine has already come a long way

and achieved a great deal, of which we can be justifiably proud. Many challenges lie ahead, but the future is not as gloomy as Mr Leaman would have us believe—indeed, the future is positively bright!

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IMAGES IN EMERGENCY MEDICINE

An unusual cause of dyspnoea

Chih-Cheng Lai, Shih-Chang Lin

A 77-year-old woman presented to the emergency department complaining of shortness of breath. The patient reported similar, less severe episodes in the past. Initial vital signs were a respiratory rate of 30 breaths/min and a heart rate of 106 beats/min. Clinical examination was unremarkable with the exception of inspiratory stridor and an enlarged goitre over her left neck. Chest radiography revealed a right neck mass causing compression of the trachea and displacement to the right (fig 1). Computed tomography confirmed the presence of mass about 10.5 cm in size in the left thyroid gland. The patient received total thyroidectomy. Her symptoms resolved completely and she was discharged home uneventfully.

The patient with goitre and the physician frequently overlook symptoms of upper respiratory obstruction.

Conventional radiology is the accepted method for detecting upper airway obstruction in these patients.¹ In this case a chest radiograph helped to make the diagnosis and computed tomography confirmed it.

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Figure 1 Chest radiograph revealing a right neck mass causing compression of the trachea and displacement to the right.

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