CLINICAL SNAPSHOT

A Rare Type of Thyroid Mass with Acute Dyspnea

A 59-year-old woman with known hypothyroidism presented with dyspnea, dysphagia, diaphoresis, weight loss, and a rock-hard swelling on the anterior aspect of the neck. Ultrasonography and computed tomography revealed a homogeneously enlarged thyroid gland with tracheal compression, esophageal stenosis, and envelopment of the carotid arteries—highly atypical findings for the initially presumed diagnosis of nodular goiter. The findings of punch biopsy did not rule out an inflammatory myofibroblastic tumor. At surgery, the mass could not be entirely resected, so a ventral thyroid debulking procedure was performed, and corticosteroids were given postoperatively to improve the patient's breathing. Histopathological examination confirmed the intraoperative suspicion of Riedel's thyroiditis.

This inflammatory disease of unknown cause is a rare differential diagnosis of nodular goiter that can lead to severe fibrosis and, in turn, to hypothyroidism. Surgical treatment is generally not indicated, in part because of the high rate of recurrent laryngeal nerve injury, but is needed in some cases to confirm the diagnosis. Riedel's thyroiditis cannot be definitively distinguished from aggressive pathologic processes affecting the thyroid gland (anaplastic carcinoma, sarcoma, lymphoma) on the basis of its clinical and radiological findings alone.

Axial computed tomography reveals a homogeneously and diffusely enlarged and somewhat edematous (hypodense) thyroid gland enveloping the carotid arteries and causing tracheal stenosis. Nodular coarsening of the thyroid parenchyma, as in nodular goiter, is not seen.

Dr. med. Marie-Luise Kromrey, Institut für Diagnostische Radiologie und Neuroradiologie, Universitätsmedizin Greifswald, Germany
marie-luise.kromrey@uni-greifswald.de

Prof. (jr.) Dr. med. Jens Peter Kühn, Institut für Diagnostische Radiologie und Neuroradiologie, Universitätsmedizin Greifswald und Institut für Röntgendiagnostik, Universitätsklinikum Carl Gustav Carus Dresden, Germany

PD Dr. med. Andreas Hoene, Klinik und Poliklinik für Allgemeine Chirurgie, Abteilung Viszeral-, Thorax- und Gefäßchirurgie, Universitätsmedizin Greifswald, Germany

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