

Goitre

Enlargement and swelling of thyroid gland.

Most common causes in the UK

1. Grave's disease
2. Multinodular goitre **NB. multinodular goitres are not felt as nodules, they are smooth (multinodular is an USS diagnosis)**
3. Physiological goitre (pregnancy/ puberty)
4. Others (iodine deficiency, iatrogenic e.g. lithium)

Classification of possible causes

- Diffuse
 - Simple = euthyroid gland enlargement without inflammation or cancer (e.g. physiological, iodine deficiency)
 - Autoimmune (e.g. Grave's disease, Hashimoto's)
 - Infective (e.g. acute viral thyroiditis / De Quervains)
- Nodular
 - Multinodular goitre (euthyroid)
 - Toxic multinodular goitre (hyperthyroid)
 - Solitary nodule (e.g. cancer, Plummer's solitary nodule)

Investigations

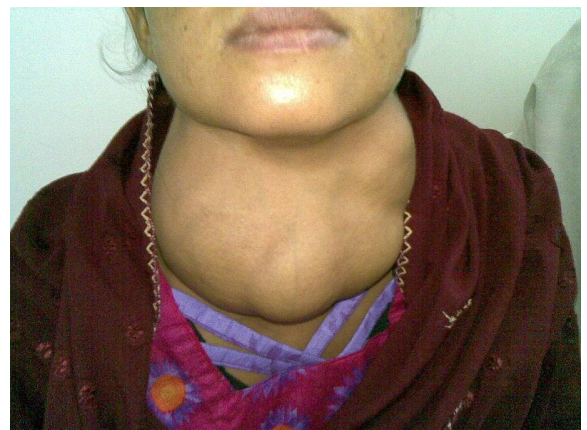
- Thyroid function tests
- Imaging
 - Ultrasound
 - CT (if retrosternal)
- Needle aspiration
- Biopsy

Complications

- Hyper/ hypothyroidism
- Compression of surrounding structures
 - Trachea compression → breathlessness
 - Recurrent laryngeal nerve damage → dysphonia
 - Oesophageal compression → dysphagia
 - SVC obstruction → facial swelling, dizziness, headache, blurred vision, syncope
- Cosmetic issues

Management

- Conservative: if patient is euthyroid, reassure
- Medical: make patient euthyroid
 - Hyper: β -blocker (symptomatic), carbimazole (thyroid peroxidase inhibitor), radioiodine-131
 - Hypo: thyroxine
- Surgical thyroidectomy if:
 - Malignant
 - Compression of surrounding structures
 - Cosmetic



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