BRITISH JOURNAL OF HOSPITAL MEDICINE

An uncommon injury after blunt neck trauma

Ching-Feng Wu[1]
Chia-Hao Hsu[1]
Khay-Seng Soh[1,2]
Te-Chun Shen[3,4]

Author details can be found at the end of this article

Correspondence to:
Te-Chun Shen; chestshen@gmail.com

An 18-year-old previously healthy woman was brought to the emergency room 20 minutes after she had been involved in a motor vehicle accident during which her neck impacted against the handlebars of a motorcycle. On arrival, she was clearly conscious and complained of neck pain. No dyspnoea or hoarseness was noticed, and her vital signs were within the normal range. A physical examination revealed obvious neck swelling and predominant tenderness on the right side of her neck. Contrast-enhanced computed tomography revealed rupture of the right lobe of the thyroid gland with surrounding haematoma (Figure 1). No tracheal compression was observed. She received conservative treatment and made an uneventful recovery.

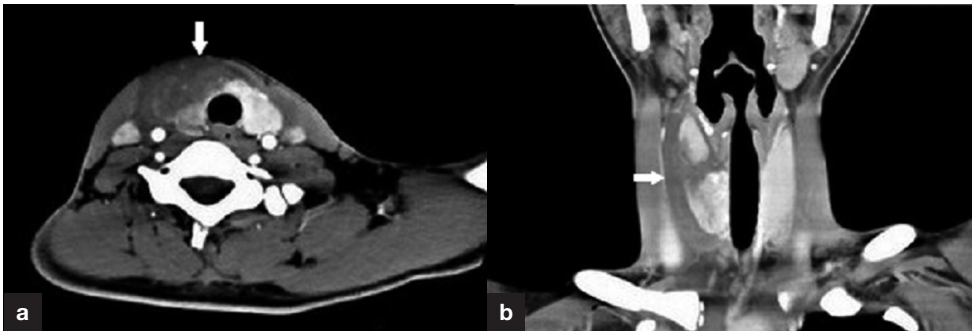

Figure 1. Computed tomography (a) cross (b) coronal sections revealed rupture of the right lobe of the thyroid gland with surrounding haematoma (arrows).

Thyroid gland rupture following blunt neck trauma is an uncommon injury. It is considered a potentially life-threatening condition because it causes severe airway compression. Patients with tracheal compression, active bleeding, hoarseness and dyspnoea may require emergency airway management, haemorrhage control and resection of the ruptured thyroid gland. Heizmann et al (2006) proposed a classification of blunt thyroid injuries on the basis of computed tomography findings, and they recommended overnight hospital observation for those with grade I and II injuries and emergency tracheal intubation with operative neck exploration for those with grade III and IV injuries. Additionally, Lemke et al (2017) suggested the use of computed tomography findings in combination with clinical presentations, such as dyspnoea and hoarseness, to determine the application of conservative treatment or intensive treatment.

Author details

[1]Department of Surgery, China Medical University Hospital, Taichung, Taiwan

[2]Department of Surgery, Chu Shang Show Chwan Hospital, Nantou, Taiwan

[3]Department of Internal Medicine, China Medical University Hospital, Taichung, Taiwan

[4]Department of Internal Medicine, Chu Shang Show Chwan Hospital, Nantou, Taiwan

References

Heizmann O, Schmid R, Oertli D. Blunt injury to the thyroid gland: proposed classification and treatment algorithm. J Trauma. 2006;61(4):1012–1015. https://doi.org/10.1097/01.ta.0000238621.83780.e0

Lemke J, Schreiber MN, Henne-Bruns D, Cammerer G, Hillenbrand A. Thyroid gland hemorrhage after blunt neck trauma: case report and review of the literature. BMC Surg. 2017;17(1):115. https://doi.org/10.1186/s12893-017-0322-y

How to cite this article:
Wu C-F, Hsu C-H, Soh K-S, Shen T-C. An uncommon injury after blunt neck trauma. Br J Hosp Med. 2020. https://doi.org/10.12968/hmed.2019.0214