

A not-so-incident retrosternal goitre

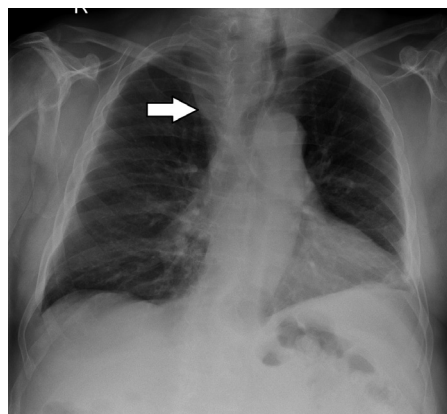
A 72-year-old man presented with a 3-day history of a dry cough, shortness of breath and wheeze. Past medical history included hypertension, osteoarthritis and Barrett's oesophagus, and he was an ex-smoker.

His examination was essentially normal, with some scattered wheeze and no stridor. Baseline bloods revealed only a mild leucocytosis, so he was treated as having a lower respiratory tract infection with some associated bronchospasm and discharged with oral antibiotics, steroids and clinic follow up.

His chest X-ray (*Figure 1*) was reported as 'an apparent soft tissue mass visualised

in the superior mediastinum measuring approximately 6x7 cm, which may represent a retrosternal goitre but given patient's symptoms, ultrasound thyroid may be helpful to further evaluate.' An ultrasound of the thyroid gland showed an enlarged right lobe; a fine needle aspiration was advised.

Figure 1. Chest X-ray illustrating the soft tissue mass (arrow) with tracheal deviation and narrowing, and elevation of the left hemidiaphragm with a small effusion (long-standing).



Thyroid function tests were normal.

Subsequent computed tomography (*Figure 2*) revealed a well-defined, lobulated cystic lesion to the right of the midline in the lower neck and superior mediastinum with marked local compression of the trachea and adjacent structures. Right supraclavicular fine needle aspiration revealed a poorly differentiated squamous cell carcinoma which was treated with palliative radiotherapy. **BJHM**

Figure 2. Computed tomography of the thorax illustrating the cystic lesion (arrows) with marked tracheal narrowing.



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Mydriasis secondary to use of glycopyrrolate cream

The causes of anisocoria vary from physiological to serious medical conditions, e.g. brain tumour. A 58-year-old woman presented to the authors' emergency clinic with a 1-day history of an enlarged left pupil and

blurred vision. She denied any history of trauma, pain or headaches, but her background was significant for left eye squint, myopia and hyperhidrosis. Examination revealed visual acuity was 6/6 bilaterally with normal anterior segments, fundi and optic nerves. The right pupil was 3.5 mm in diameter, reactive to light compared to an unreactive 6 mm left pupil.

Further questioning revealed that for 5 weeks she had been using topical

glycopyrrolate cream, an acetylcholine receptor antagonist, for hyperhidrosis during which she encountered two such episodes. She was diagnosed with mydriasis secondary to glycopyrrolate use as her symptoms resolved when she stopped using the cream.

This case highlights an unusual cause of anisocoria, the importance of careful history taking and the need for consideration of pharmacological causes. **BJHM**

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Figure 1. Dilated left pupil.

