

Giant mediastinal goitre mimicking a pericardial mass

Veysel Ayyildiz¹

Yener Aydin^{2,3}

Zakir Sakci⁴

Hayri Ogul^{3,5}

Author details can be found at the end of this article

Correspondence to:
Hayri Ogul;
drhogul@gmail.com

A 60-year-old woman presented with progressive dyspnoea for the last 3 months. X-ray showed a suspected pericardial mass (Figure 1a). Reformatted computed tomography scans detected a giant mediastinal goitre surrounding the pericardium (Figure 1b–d).

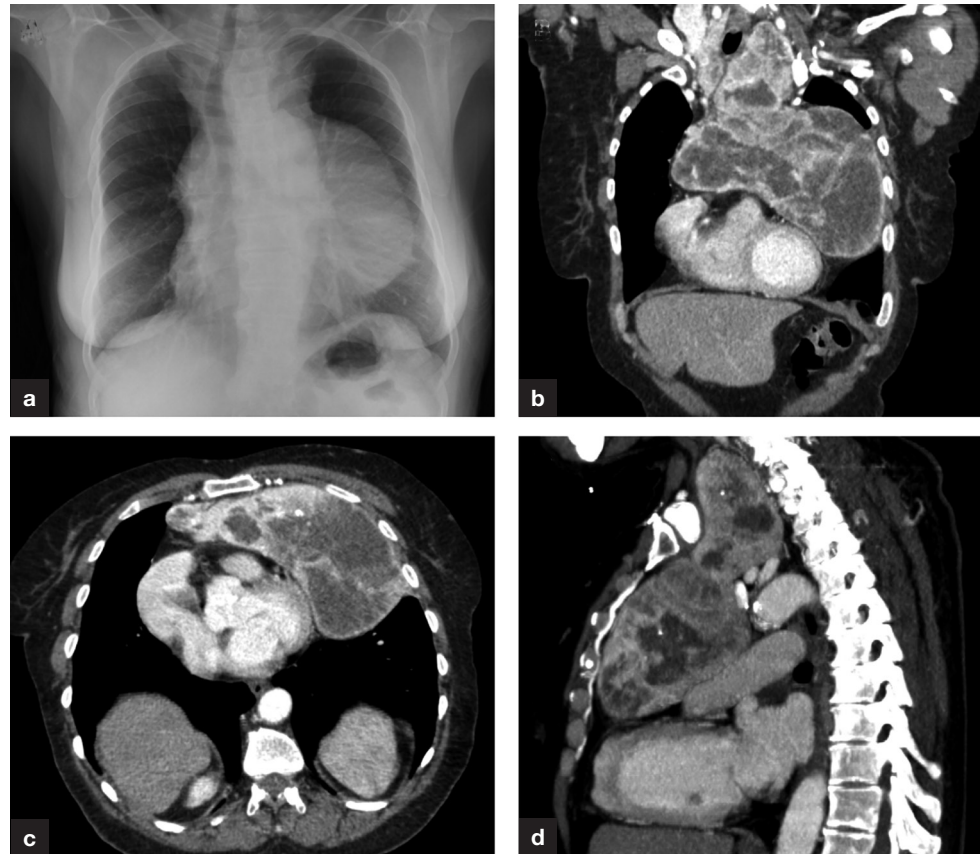


Figure 1. a. Postero-anterior lung X-ray shows a giant mediastinal and paracardiac mass. b. Coronal, (c) axial and (d) sagittal computed tomography scans reveal a giant retrosternal goitre with paracardiac extension.

Goitres tend to grow slowly over a number of years and rarely reach the mediastinum. Mediastinal goitres generally originate from the cervical part of the thyroid. Around 90% of retrosternal goitres are located in the anterior mediastinum and 10% in the posterior mediastinum (Knobel, 2020). Goitres usually extend unilaterally to the right or left of the mediastinum and bilateral extension is rare. Fine-needle aspiration biopsy is not recommended in goitres in this area because of the proximity to vital structures in the mediastinum. The main treatment for these patients is surgery, with the preferred approach being median sternotomy (Knobel, 2020; Kocaman et al, 2020). Thyroid tissue extending to the mediastinum can rarely mimic a pericardial tumour by compressing the pericardium.

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Author details

¹Department of Radiology, Medical Faculty, Suleyman Demirel University, Isparta, Turkey

²Department of Thoracic Surgery, Medical Faculty, Ataturk University, Erzurum, Turkey

³Anesthesiology, Clinical Research Office, Ataturk University, Erzurum, Turkey

⁴Department of Radiology, Umraniye Training and Research Hospital, Istanbul, Turkey

⁵Department of Radiology, Medical Faculty, Ataturk University, Erzurum, Turkey

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