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Out of sight, out of mind: retrosternal goitre as a rare cause of breathlessness

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A 75-year-old woman was admitted to hospital with shortness of breath. She was treated with diuretics for suspected heart failure but her condition failed to improve. An echocardiogram showed overall preserved systolic function (ejection fraction 55–60%). She had prominent anterior chest wall veins but examination was otherwise unremarkable, with no visible or palpable masses in the neck. A computed tomography scan of the neck and thorax revealed a grossly enlarged thyroid gland with significant intra-thoracic extension causing tracheal narrowing (Figure 1).

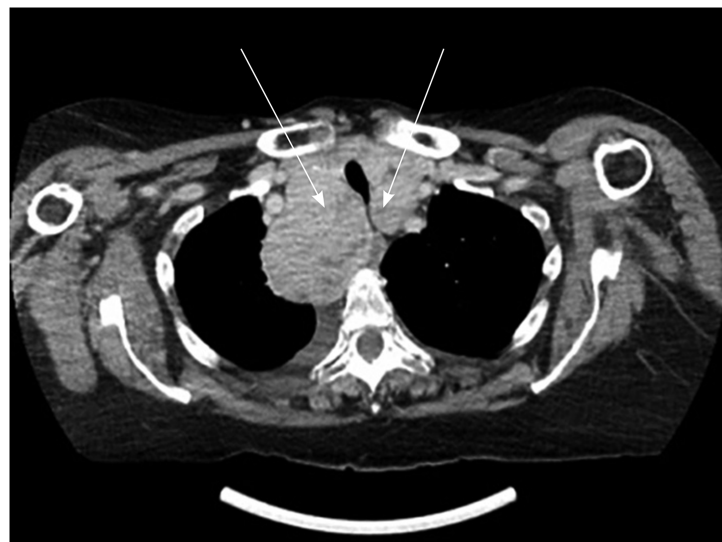

Figure 1. Computed tomography of neck and chest showing a grossly enlarged thyroid gland (arrows) with significant intra-thoracic extension causing tracheal narrowing.

The patient could not tolerate lung function tests because of significant pain during positioning and she was a poor candidate for surgery as a result of frailty. She was discharged home with a 'watch and wait' approach.

Retrosternal goitre affects 2–20% of the population (Tsilimigras et al, 2017). Patients are usually asymptomatic, but if present, symptoms are usually the result of mechanical compression of surrounding structures (Knobel, 2021). Surgery is the only definitive treatment (Hardy et al, 2009), but owing to the slow progression of the condition, patients may be discharged with a conservative approach. Retrosternal goitre should be considered as a potential cause of dyspnoea, particularly in patients failing to respond to medical therapy.

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