A giant thyroid cyst

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Summary: The case report describes a female of 82 who presented with a very large goitre caused by a solitary thyroid cyst that was successfully treated by aspiration.

Introduction

Thyroid cysts are a well recognized disease of the thyroid gland, although the treatment remains controversial. We report here an exceptionally large thyroid cyst, which we successfully treated by aspiration.

Case report

A woman, aged 82, was seen first at home in August 1984 because of her large goitre. This condition had existed for at least 8 years with progressive enlargement and latterly associated with hoarseness, dyspnoea and dysphagia. She had not been out of doors for 6 years on account of her striking appearance. There were no significant previous illnesses.

On examination, she was a small anxious woman, well-preserved and alert for her age. The goitre was gross, nodular and more obvious on the left side (Figure 1a). It was cystic to palpation, the trachea could not be felt and she was clinically and biochemically euthyroid. A thyroid ultrasound scan revealed an enormous cyst which appeared to be unilocular. Aspiration of the cyst was carried out in September 1984 under local anaesthetic, using a full aseptic technique in the operating theatre. A unilocular cyst, left sided in origin, was found to contain 1,200 ml of clear fluid, which, on cytological examination, did not reveal any malignant cells.

She has been seen subsequently in the thyroid clinic at 6-monthly intervals and was last seen in October

1986. There has been a slight re-accumulation of fluid, but not sufficient to reform the goitre or cause symptoms (Figure 1b).

The woman now leads a normal social life and has regained her original personality.

Discussion

The method of injection sclerotherapy for treating thyroid cysts was proposed by Crile Jr.^{1,2} in the 1960s and has been successfully adopted by one of the authors³ for many years.

The largest cyst encountered by the authors prior to 1984 contained 48 ml of fluid and the average cyst less than 10 ml. Sclerotherapy had previously been achieved by the injection of 1 or 2 ml of STD (sodium tetradecyl sulphate) into the aspirated cyst cavity. It was considered, in this case, that sufficient STD to sclerose a cavity that had contained 1,200 ml might prove to be toxic and was therefore not used.

The objections that the presence of an intra-cystic neoplasm may be overlooked, or malignant cells disseminated by aspiration would appear to be theoretical, provided that two criteria are adhered to, namely that the aspirated fluid is examined cytologically for malignant cells and that the thyroid mass should completely disappear following aspiration.

It is suggested that this case report strengthens the argument for aspirating thyroid cysts.

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Figure 1 (a) The patient prior to aspiration. (b) After aspiration.

References

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