

**LBEN CASE
FOR LEARNING UNIT VI
ORL 251**

Instructions: Accomplish the following tasks indicated in this case.

OPD SUBSPECIALTY CLINIC CONSULT: LBEN

S> VA 47F from Silang, Cavite

Chief Complaint:

anterior neck mass

History of Present Illness:

2 years PTA: Patient noted growth of an anterior neck mass, initially located slightly on the left side of the neck, around 1.5 x 1.5 cm in size, non-painful, movable.

In the interim, there was noted gradual growth of anterior neck mass. No noted dyspnea, dysphagia, odynophagia. No noted symptoms of fever, weight loss, palpitations, tremors, hair loss, bowel movement changes were noted as well.

1 year PTA: Gradual growth of mass to present size, prompted PGH ORL consult where diagnostic procedures were done.

Review of Systems:

ROS: (-) fever	(-) dyspnea	(-) headache	(-) rhinorrhea
(-) cough	(-) dysphagia	(-) vertigo	(-) anosmia
(-) colds	(-) odynophagia	(-) ear pain	(-)nasal
(-) weight loss	(-) hoarseness	(-) dizziness	congestion /
(-)heat		(-) BOV	obstruction
intolerance	(-) malocclusion	(-) diplopia	
(-) hearing loss	(-) trismus	(-) otorrhea	
(-) palpitation		(-) otorrhagia	
(-) tremors			

Past Medical History:

(-) Hypertension	(-) Bronchial asthma
(-) Diabetes mellitus	(-) Allergies
(-) Pulmonary tuberculosis	

Family Medical History:

(-) Hypertension	(-) Bronchial asthma
(-) Diabetes mellitus	(-) Allergies
(-) Pulmonary tuberculosis	
(+) "goiter" - mother	

Social History:

Non-smoker, non-alcoholic

Works as a housewife; no previous exposure to radiation

Lives in a 1-story bungalow house with her husband and daughter

O> On PE, the patient has the following findings: (description)

Ear: The pinna and external auditory canal were unremarkable, with no noted lesions or swelling. The right tympanic membrane and the left tympanic membrane were intact with cone of light. No noted discharge.

Nose: The nasal septum was midline with no deviations or septal spurs. No congestion or erythema was appreciated. On posterior rhinoscopy, there was no noted post-nasal drip, the turbinates and eustachian tube openings were visualized with no noted obstruction. No noted tenderness of the maxillary sinuses noted on palpation.

Oral: Oral cavity examination revealed tongue and uvula in midline. No noted masses, tonsillar enlargement or ulcerations in the oral cavity. Noted no carious teeth.

Indirect Laryngoscopy and Neck Exam: There was left vocal cord paralysis but no laryngeal mass. There was a 8 cm x 6 cm x 1.5 cm soft doughy non-tender mass noted on the anterior neck which moves with deglutition. Trachea palpated to be slightly deviated to the right. No noted cervical lymphadenopathy.

TASK 1: Translate the above findings into the ENT Physical Examination drawings then take a picture or scan. (10%)

TASK 2: Based on the history and PE give at least 3 differential diagnoses and briefly explain. (10%)

DIAGNOSTICS:

The following are the diagnostic findings for our patient

Thyroid Function Tests	FT3 2.13 UIU/mL (normal) FT4 11.80 UIU/mL (normal) TSH 0.898 PMOL/L (normal)
Fine Needle Aspiration Biopsy	Bethesda Category II: Benign
Neck Ultrasound	Right lobe measures 3.7 x 1.6 x 2.0 cm Left lobe measures 8.1 x 5.2 x 3.8 cm There are two hyperechoic nodules seen at the R thyroid. There are two cystic masses seen at the left thyroid. The largest cystic lesion measures 4.4 x 3.4 cm. No noted microcalcifications. Isthmus is unremarkable. No enlarged lymph nodes, no mass seen in both neck spaces. Great vessels are intact. Impression: 1. Nodular right thyroid 2. Complex cysts, L thyroid

3.. No enlarged lymph nodes

A> TASK 3: Based on the history, PE and diagnostics give your complete assessment or diagnosis. (5%)

P> TASK 4: What are the plans for the patient? (15%)

- A. Pharmacologic if any
- B. Diet if any
- C. Maneuvers if any
- D. Lifestyle modification if any
- E. Other diagnostics
- F. Surgical option/s
- G. Follow-up or admission

SURGICAL PLAN:

Assuming the patient underwent or was diagnosed with multi-nodular non-toxic goiter rule out cancer, with left vocal cord paralysis. She was advised admission to undergo total thyroidectomy.

WARD 10 ADMISSION:

The patient was admitted at Ward 10. She underwent total thyroidectomy as an Elective OR. The following were the OR findings: Right lobe measuring 4 x 3 x 3 cm, left lobe 7.0 x 4.5 x 3.2 cm, with noted heterogenous nodules and cysts on both lobes.

Day 1 post-op the patient complained of numbness of the extremities and lips. On PE noted twitching of facial muscles on tapping on the area anterior to the external auditory canal (positive Chvostek sign).

TASK 5: What are the possible complications of doing a total thyroidectomy? Explain the signs and symptoms of the complications (things to watch out for). (15%)

TASK 6: What is most likely complication that the patient experienced? What is the treatment or management? (10%)

The patient was managed, given Calcium gluconate drip, calcium with vitamin D tablets. Hypocalcemic symptoms resolved. She eventually got well.

TASK 7: What is the discharge diagnosis of the patient? (5%)

Pending histopathology, choose between:

Multinodular non-toxic goiter, Left vocal cord paralysis or Thyroid Cancer with left vocal cord paralysis.

TASK 8: Write the prescription for the patient. Scan or take a picture and attach. (15%)

The post-op medications given to the patient were the following:

Celecoxib 200mg/cap 1 cap 2x a day for 7 days or as needed for pain

Calcium carbonate 600 mg + Vitamin D 400 unit / tablet, 2 tabs at lunch, 2 tabs at dinner

Mupirocin ointment, apply once a day on post-operative site

(Oral antibiotics are not routine)

(optional to start Levothyroxine 100ug/tab, 1 tab once a day on empty stomach)

The patient was advised to have the post-op labs done: serum Calcium, albumin

Follow-up one to two weeks for suture removal, final histopathology results, hormone replacement, and additional treatment planning.

TASK 9: In your own words, preferably in Filipino, write your script on how you would explain the discharge diagnosis, prescription, other plans and follow-up to the patient. (15%)