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CASE REPORT

Vague complaint secondary to surgical clip post total thyroidectomy

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KEYWORDS

Thyroidectomy;
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Abstract Thyroid surgery was undertaken well before thyroid gland physiology was understood. The procedures were often fraught with complications, including massive hemorrhage, infection, injury to surrounding structures and sore throat. All of which were associated with morbidity and mortality rates of nearly 40%. Here we report a case of post total thyroidectomy with persistent pricking sensation in the left side of the throat only while talking loudly and laughing. It seemed after thorough exams and investigations, to be secondary to surgical clip used in thyroid surgery. To our knowledge this is the first case reported with such a problem.

1. History

A 32 year old lady with background history of total thyroidectomy on hormonal supplement done 2 years ago for multinodular goiter presented to our ENT department with persistent pricking sensation in the left side of the throat only on talking loudly and laughing for a two month duration.

Patient denies voice changes, dysphagia, odynophagia, reduced effort tolerance, chronic cough, aspiration symptoms and no neck swelling.

On examinations local neck exam revealed an old thyroidectomy surgical scar, well healed. There was no palpable mass in the neck region.

Flexible nasopharyngolaryngoscope done revealed normal upper aero digestive tract with normal laryngeal morphology and function. Other ENT exams were unremarkable.

All blood investigations were within normal limits.

Patient was treated symptomatically and reassured but she came with persistent symptoms on the subsequent visits so radiological investigation (CT neck Figs. 1 and 2) was ordered which revealed 2 foreign body shadows one on the right side within the soft tissue of the neck and another one on the left side just near the tracheo-esophageal groove causing the complaint symptoms (Fig. 2).

Neck exploration was offered to the patient with risks and benefits of the surgery but the patient opted to wait and see.

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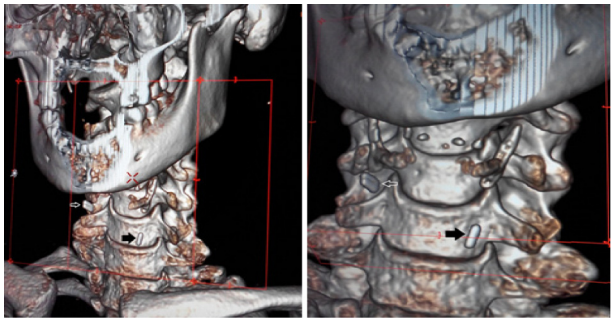

Figure 1 Multi slice CT with volume reduction showing 2 oval shaped foreign bodies in relation to the soft tissue of the anterior neck on both sides at the level of C6 on the right side and C7 on the left side, size 5-6 mm in length with density of 2800HU. Consistent with surgical clip in view of previous thyroidectomy.

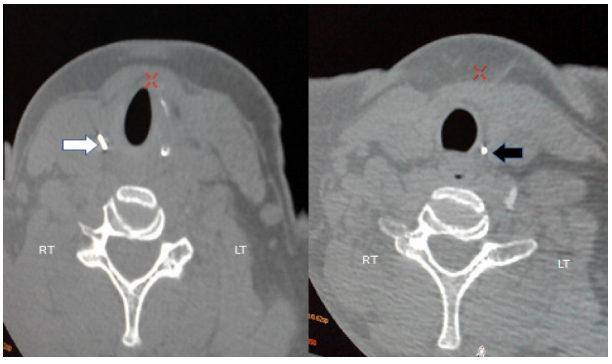

Figure 2 Axial cuts at the level of C6 on the right and C7 on the left, showing 2 foreign body shadows on the right side (white arrow) within the soft tissue of the neck and on the left side (black arrow) just near the tracheo-esophageal groove causing the complaint symptoms.

2. Discussion

The surgical technique of thyroidectomy, as well as adjunct technology, continued to advance. Most recently, various new instruments (ie, harmonic technology) and approaches including video-assisted thyroidectomy and robot-assisted thyroidectomy have emerged.[1] A recent phase IV multicenter trial evaluated the use of the electric and ultrasonic scalpels used in performing thyroidectomies and found an associated lower operative time with similar postoperative complication rates and cost.[2] To achieve good hemostasis most surgeons use titanium surgical clips for securing the superior pedicle of the thyroid gland as in our case.

It has been observed that patients who undergo thyroidectomy complain of throat pain and short-term dysphagia following their surgery.[3,5] Their surgical intervention and traumatic intubation can be explanations for these symptoms. However, no actual cause tends to be found for the majority of cases.[3,4] These symptoms, that mimic laryngopharyngeal reflux (LPR), cause a relative disability in the short-term period following a thyroid gland surgery.[4,5] Our patient was treated as LPR but did not improve with medications and that was the indication for radiological investigations which revealed the foreign bodies that were causing the vague presenting symptoms. Upon searching the English literatures; this is the first reported case of surgical clip causing such vague symptoms to a patient post thyroidectomy. In conclusion, there is a variety of clinical manifestations post total thyroidectomy including throat pain which have to be well investigated by General surgeons and ENT surgeons and it is important for general surgeons and ENT surgeons to keep in mind such causes of persisting post thyroidectomy throat pain especially when there are no local causes found.

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