RETROSTERNAL GOITERS

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RETROSTERNAL GOITERS (Abstract): The term of retrosternal or substernal goiter means that more than 50% of thyroid gland descends in the thorax. \textbf{Material and methods:} There is a retrospective study on retrosternal and substernal goiter and its pathological features among 2482 patients who underwent thyroidectomy between 2000 and 2010 in the First Surgery Clinic of Iaşi. Retrosternal goiter was identified 54 patients (2.17%). All patients were referred to surgery from the Clinic of Endocrinology. \textbf{Results:} Mean age at diagnosis was 55.3 ± 3.58 years, and most cases were found in women (83.3%). The clinical pictures of retrosternal goiter was dominated by compressive disorders. Thyroid function abnormalities were identified by hormonal assays performed on Endocrinology Clinic Iasi in 15 cases (27.7%). The diagnosis of retrosternal goiter was suggested by clinical examination and confirmed by imagery: thorax X ray, ultrasonography, CT scan. The cervical approach was being safely performed. Only in 8 cases (14.8%), sternotomy was necessary. There was no mortality and morbidity was 5.5% (3 cases). The length of stay in the hospital was 4.3 days. We compared our recent data with a previous report on retrosternal and thoracic goiter treated in First Surgery Clinic of Iasi during 1950 to 1979 and published in the journal “Chirurgia” in 1981. \textbf{Conclusions:} Retrosternal goiter is a particular form of thyroid surgical pathology presentation with declining incidence. Diagnosis and treatment of retrosternal goiter involve a multidisciplinary team. The endocrinologist has an important role in diagnosis and postoperative follow-up. Surgery is the treatment of choice for substernal goiters, but there are still some controversies on surgical approach, and complication rate. The cervical approach can be safely performed in almost all cases but when required, sternotomy should be performed without hesitation. \textbf{Key words:} SUBSTERNAL GOITER, RETROSTERNAL GOITER, THYROIDECTOMY

Substernal goiter was first described by Albert von Haller in 1749, but the term was introduced in the medical literature by de Souza and Smith.

The term of retrosternal, substernal or cervicomedialgonal goiter refers to goiter of which more than 50% of thyroid gland goes down into the thorax. According to the relationship with aortic arch, Huins et al. proposed a classification which indicates the type of necessary surgical approach: degree I: goiter goes down up to aortic arch (cervi-