Concomitant Coronary Artery Bypass and Plunging Goiter Surgery

Eşzamanlı Koroner Arter Baypas ve Plonjan Guatr Cerrahisi

Havva Nur Alparslan Yümün[1], Özcan Gür[2], Selami Gürkan[2], Gündüz Yümün[2]

[1] Tekirdağ Çorlu State Hospital, Clinic of General Surgery, Tekirdağ, Turkey
[2] Namık Kemal University Faculty of Medicine, Department of Cardiovascular Surgery, Tekirdağ, Turkey

A 76-year-old, diabetic, hypertensive male patient was admitted to a cardiac surgery clinic after anterior myocardial infarction. Three-vessel coronary artery disease was detected using coronary angiography. There were no symptoms due to the mass impact of the plunging goiter, such as jugular venous dilation or stridor. Chest X-ray revealed superior mediastinum enlargement (Figure 1). After general surgery consultation, we decided to perform concomitant coronary artery bypass and troidectomy. Biochemical tests confirmed the patient to be euthyroid. Following standard anesthesia procedures, the patient underwent median sternotomy. After harvesting the mammary artery, aortic cannulation was found to be impossible because of the patient's suprasternal thyroid tissue (Figure 2). Following the resection of substernal thyroid tissue, standard cardiopulmonary bypass was performed. Coronary artery bypass grafting was performed on the circumflex coronary artery and right coronary artery with the saphenous vein graft and on the anterior descending artery with the mammary artery (Figure 3). The size of the resected thyroid mass was approximately 8 x 6 x 4 cm (Figure 4). The patient was discharged on the postoperative day 6 with normal levels of serum calcium, phosphorus, and thyroid hormone in intensive care and clinical follow up.

Figure 1. Chest x-ray showing superior mediastinum enlargement.

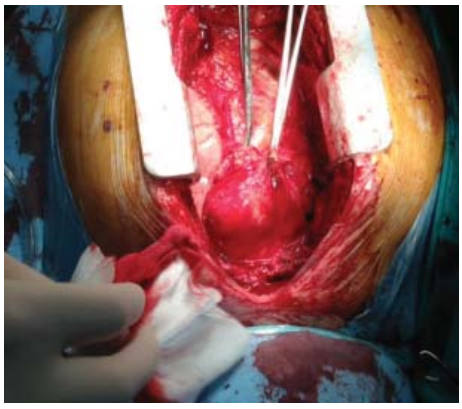

Figure 2. Intraoperative view of the mass hindering the aortic cannulation.

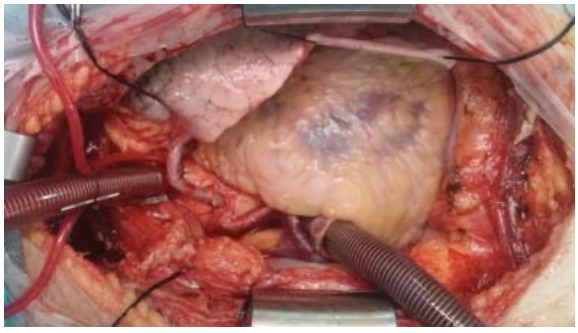

Figure 3. Intraoperative view of grafts after coronary bypass.

Figure 4. Resected substernal thyroid tissue.

Correspondence

Havva Nur Alparslan Yümün

E-mail: nuralparslanyumun@gmail.com
Submitted: 28.11.2015
Accepted: 06.01.2016