



Sequelae of Advanced Recurrent Thyroid Cancer

Ming-Ho Wu^{1*}, Han-Yun Wu¹ and Shih-Ming Huang²

¹Department of Surgery, Tainan Municipal Hospital, Show Chwan Medical Care Corporation, Taiwan

²Department of Surgery, Chang-Bing Show Chwan Memorial Hospital, Show Chwan Medical Care Corporation, Taiwan

Keywords

Thyroid cancer; Papillary cell carcinoma; Total thyroidectomy

Clinical Image

A 49-year-old male patient had undergone partial thyroidectomy for thyroid papillary carcinoma 7 years ago and tracheostomy for cancer recurrence with airway compression one year ago. This time he required complete resection of the huge neck tumor. The advanced recurrent



Figure 1: The picture shows a huge neck tumor with distortion of tracheostomy.

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*Correspondence:

Ming-Ho Wu, Department of Surgery,
Tainan Municipal Hospital, Show
Chwan Medical Care Corporation, 670
Chung-Te Rd, Tainan, Taiwan, Tel:
+886-6-2609926; Fax: +886-6-2606351;
E-mail: m2201@mail.ncku.edu.tw

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Figure 2: CT shows a huge neck tumor with distortion of the tracheostomy.

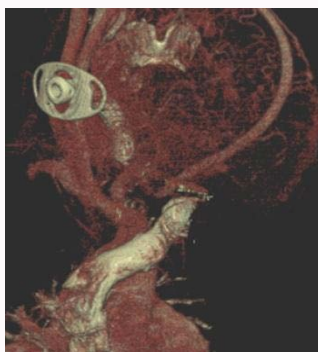


Figure 3: Computed angiography shows distortion of neck blood vessels.

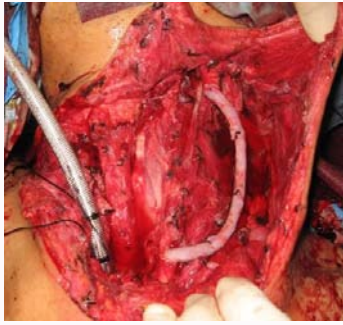


Figure 4: Complete resection of neck tumor and vascular graft were performed.

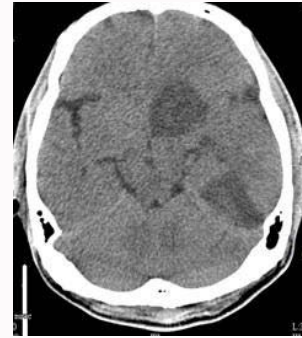


Figure 5: CT shows left brain infarction.

thyroid cancer with distorted tracheostomy was showed in the photography (Figure 1), axial view of computed tomography (Figure 2), and computed angiography (Figure 3). After admission, he underwent complete resection of the neck tumor including laryngectomy, total thyroidectomy, cervical limited esophagectomy,

and vascular graft (Figure 4). However, on postoperative day 2, right hemiplegia occurred and CT showed left brain infarction (Figure 5). Rehabilitation therapy was required after occurrence of the neurovascular sequelae.