Sequelae of Advanced Recurrent Thyroid Cancer

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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.

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

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