中文題目:急性甲狀腺腫腫脹發生在重度深部靜脈栓塞溶栓治療之後

英文題目：Acute enlarging goiter after intravenous thrombolysis for severe deep vein thrombosis

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Case Presentation: A 59 year-old man with goiter was admitted in cardiovascular ward for severe deep vein thrombosis (DVT) in left iliac and femoral vein. For progressive limb swelling and pain despite heparin infusion, he received catheter directed thrombolysis with Urokinase 240K unit bolus injection and then keep infusion with 60K U/Hr. His limb swelling improved on the next day, however, he developed gradual onset of dyspnea and hoarseness. On visiting, his goiter seemed enlarged and the skin was free of ecchymosis. Mild tenderness, firm texture, and heat were noted on palpitation. There was no thrill or bruit. Laryngoscopy showed left vocal palsy. Neck computed tomography revealed huge thyroid goiter with intramural hemorrhage. A diagnosis of thrombolysis related thyroid goiter hematoma with recurrent laryngeal nerve compression was made. After emergent decompression with fine needle aspiration and placement of inferior vena cava filter, he received left thyroidectomy and isthmusectomy. After operation, he was discharged uneventfully with oral anticoagulation 5 days after operation.

Discussion: Nowadays, treating extensive proximal DVT had been changing with the advent of catheter-directed thrombolysis using tPA or Urokinease directly and slowly into venous thrombus via multisidehole catheter. Clinically relevant bleeding complication was less than 10%. Hemorrhage in thyroid cysts and adenoma is common and asymptomatic. Acute thyroid hemorrhage causing upper airway obstruction is rare but emergent requiring urgent management. Sudden onset respiratory distress suggests concomitant vocal paresis or massive thyroid hemorrhage. Closed surveillance of neck during thrombolytic therapy in patients with goiter is recommended.