Laparoscopic hysterectomy with retrosternal goiter abutting right pulmonary artery: an anesthetic challenge

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Acute cardiorespiratory compromise risk usually declines after mediastinal mass excision, however, they continue to challenge anesthesiologists when mass excision is not performed. While regional anaesthesia and/or awake fibreoptic intubation are obvious, patients’ decision often precludes such options.

We present a 51 year-old clinically euthyroid lady with a retrosternal goiter abutting her right pulmonary artery undergoing laparoscopic hysterectomy for endometrial cancer. Comprehensive pre-operative evaluation and preparation, multidisciplinary involvement of otolaryngology and cardiothoracic surgeons, and clearly defined contingency plans prior to commencement of airway management were crucial for the successful perioperative management. This case highlights a rare case not previously discussed in the literature, and demonstrates key learning points in the approach to anesthetic management of retrosternal goiter causing compression of mediastinal structures in non-otolaryngologic surgery.