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Correspondence:

Phillip K Pellitteri DO,FACS

Chief, Dept of Otolaryngology/Head & Neck Surgery

Guthrie Health System

One Guthrie Square

Sayre PA 18840

Phone: 570-887-2849 email: pellitteri_phillip@guthrie.org

Surgery for fibro adherent inflammatory thyroid disease

David Goldenberg¹, Warren Swegal², Mitchell Dunklebarger¹ and Phillip K. Pellitteri³

Department of Otolaryngology/Head & Neck Surgery -1- Penn State College of Medicine, Hershey PA ,2-Henry Ford Health System Detroit Michigan; 3- Guthrie Health System

Abstract. Inflammatory thyroid diseases include those which are mediated through autoimmune disorders such as Hashimoto's thyroiditis and Grave's disease, as well as inflammatory goiter and sub-acute thyroiditis. In patients with such disorders, the thyroid gland often becomes markedly enlarged with an associated fibro-vascular connective tissue reaction involving the thyroid capsule and surrounding soft tissues. This results in dense, adherent connective tissue which may compress and obscure critical central neck compartment structures and make capsular dissection challenging. Thyroid surgery in patients with fibro-adherent inflammatory thyroid disease are technically challenging and post-operative complication rates are higher for these procedures. Due to these increased risks for complications, operative procedures in these circumstances should be designed with careful consideration of the anatomic changes associated with the underlying inflammatory pathology. Elements important to successful surgical resection include appropriate patient preparation and surgical planning, together with execution of the operative procedure with adaptation to

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