Challenges in managing life-threatening obstructed thyroid cancer: 7-year HPRZ II experience

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ABSTRACT

Management of thyroid malignancies that present with acute airway obstruction remains challenging due to its complexity. The role of surgery for these aggressive tumours is debatable and should be tailored to the clinical-pathological characteristics and patient factors. We are reporting our experience in managing this complex clinical condition. This retrospective observational study looked into all thyroid malignancies that presented with acute airway obstruction in Hospital Raja Perempuan Zainab II between 2018 and 2024. Inclusion criteria include all cases either treated with emergency thyroidectomy or treated non-operatively. This study aims to review our centre's experience in these clinical conditions, focusing on demographics, clinical-pathological profile, management, and outcomes. There were 27 patients identified. There was a similar gender distribution, with the median age of 46 years. Most patients presented with long-standing goitres, having experienced these for a median duration of 82 months before developing airway obstruction. There were 12 (45%) patients had vocal cord abnormality upon presentation, and 3 (11%) required urgent intubation to secure the airway. The most common malignancy was differentiated thyroid cancer, followed by anaplastic thyroid carcinoma. Emergency thyroidectomy was performed in 14 patients with well-differentiated thyroid cancer who were deemed suitable for surgery, though it carried a high rate of morbidity (50%) and mortality (28%). There were cases of anaplastic thyroid carcinoma that were treated without surgery, with 83% having a poor survival of less than 3 months. The findings of this study highlight the challenges and the high-risk nature of managing these conditions. The role of surgery should be tailored to the specific tumor characteristics, patient factors, and availability of technical surgical expertise.

Keywords: Obstructed thyroid cancer, airway obstruction, locally advanced thyroid cancer, well differentiated thyroid cancer, anaplastic thyroid cancer