# Retrospective Study of Goitre in Tertiary Hospital, Thoothukudi Medical College, Thoothukudi

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# KEYWORDS: Thyroid disease, thoothukudi, histopathology, management.

#### I. INTRODUCTION

Thyroid gland is an endocrine gland situated in the anterior side of the neck. Its main function is regulation of the basal metabolic rate, stimulates somatic and psychic growth and plays important role in calcium metabolism. Enlargement of the thyroid gland is the most common manifestation of the thyroid disease. The enlargement may be either generalized or localized, which again may be, toxic or nontoxic. The nontoxic goitre is further divided on etiological basis as endemic goitre and sporadic goitre. The endemic goitre is defined as one where more than 10% of population shows thyroid enlargement.

#### II. MATERIALS AND METHODS

This study included 56 cases. This is a 2year retrospective study of 56 patients with thyroid disease. Data collection from Medical records office department. The personal information of the patient was not captured and only the medical history, treatments details and laboratory reports including histopathology reports documented hence we requested Ethics committee for the waiver of consent in those selective retrospective cases. The history and clinical features were noted. The modality of management was registered. The diagnosis was made based on clinical presentation along with haematological, histopathological and radiological investigations.

# III. SOURCE OF DATA

Retrospective data collected from hospital records from January 2016 to December 2017. The data of the 56 patients so collected was tabulated and analysed.

# **OBSERVATIONS AND RESULTS**

## TABLE 1AGE AND SEX INCIDENCE

AGE IN YEARS	MALE	FEMALE	TOTAL	PERCENTAGE			
<20		1	1	2%			
20-40	1	28	29	52%			
40-60		24	24	43%			
60 AND ABOVE		2	2	3%			
TOTAL			56	100%			

#### **TABLE 2FNAC REPORT**

FINDINGS	CASES			
SOLITARY NODULE GOITRE	31			
COLLOID NODULE GOITRE	20			
PAPILLARY CARCINOMA THYROID	2			
TOXIC MULTINODULAR GOITRE	2			
FOLLICULAR CARCINOMA THYROID	1			

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TABLE 3DISTRIBUTION OF DISEASES ACCORDING TO AGE

	<20 YEARS	20-40	40-60	>60
MULTINODULAR GOITRE	-	8	11	1
SOLITARY NODULAR GOITRE	1	18	11	1
PAPILLARY CARCINOMA THYROID	-	-	2	-
TOXIC MULTINODULAR GOITRE	-	2	-	-
FOLLICULAR CARCINOMA THYROID	-	1	-	-

### **TABLE 4SURGERIES DONE**

SURGERY	CASES
TOTAL THYROIDECTOMY	25
HEMITHYROIDECTOMY	29
TOTAL THYROIDECTOMY WITH MRND	1
COMPLETE THYROIDECTOMY	1
TOTAL	56

#### IV. DISCUSSION

This study included 56 cases. Data collection from Medical record office department. The personal information of the patient was not captured and only the medical history, treatments details and laboratory reports including histopathology reports documented. In our study 1 case of the male presented in the age group of 20-40 age group. Whereas among females 50% presented in the age group of 20-40 years and 43% in the age group of 40-60 years.

Solitary nodular goitre was seen mostly, almost 31 cases among total 56 cases, in which 31% seen in 20-40 years of age. Colloid nodular goitre was seen in 20 cases, 2 cases showed papillary carcinoma thyroid, 2 cases showed toxic multinodular goitre, 1 case showed follicular carcinoma thyroid.

Total thyroidectomy was done in 25 cases, hemithyroidectomy were done in 29 cases, total thyroidectomy with MRND were done in 1 case and complete thyroidectomy were done in 1 case.

## V. CONCLUSION

Diseases of thyroid gland are more common in thoothukudi medical college.It is more of female preponderance. Solitary nodular goitre is more common in females in the age group of 20-40 years of age

# **REFERENCES**

- [1]. Desai PM. Disorders of the Thyroid Gland in India. Indian J Pediatr. 1997;64:11–20. [PubMed]
- [2]. Usha Menon V, Sundaram KR, Unnikrishnan AG, Jayakumar RV, Nair V, Kumar H. High prevalence of undetected thyroid disorders in an iodine sufficient adult south Indian population. J Indian Med Assoc. 2009;107:72–7. [PubMed]
- [3]. Abraham R, Murugan VS, Pukazhvanthen P, Sen SK. Thyroid Disorders In Women of Puducherry. Indian J Clin Biochem. 2009;24:52–9. [PMC free article] [PubMed]
- [4]. Karmarkar MG, Deo MG, Kochupillai N, Ramalingaswami V. Pathophysiology of Himalayan endemic goiter. Am J Clin Nutr. 1974;27:96–103. [PubMed]
- [5]. Sooch SS, Deo MG, Karmarkar MG, Kochupillai N, Ramachandran K, Ramalingaswami V. Prevention of endemic goitre with iodized salt. 1973. Natl Med J India. 2001;14:185–8. [PubMed]
- [6]. Pandav CS, Karmarkar MG, Kochupillai N. Recommended levels of salt iodation in India. Indian J Pediatr. 1984;51:53–4. [PubMed]

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