

**Part
one****Part
two****Part
three****Part
four**

- Q1 (a), (b), (c), (d), (e), (f), and (g). All these questions must be asked to rule out lung disease as a possible cause, in view of the history of dyspnoea. New onset of dyspnoea in a 49-year-old must always be considered seriously. In fact, all the answers were negative in Peter's case.
- Q2 (d). The initial diagnosis of the cause of deviation of the trachea to the right by a mediastinal mass must be considered as retrosternal goitre: it is far more common than the other possible diagnoses.
- Q3 (b) and (e). The fact that he has no symptoms of thyroid toxicity does not rule out an enlarged thyroid – most large thyroid masses are simple non-toxic benign enlargement of the gland. However, when they are retrosternal, as in Peter's case, they can still be life-threatening. Medication to reduce the tumour size will not work, either at all, or fast enough to make a difference. He needs the CT scan to determine its extent and its operability. This is the responsibility of the cardiothoracic team.
- Q4 (a), (c), and (d). Peter has had obstructive symptoms for more than a month, and is now liable to faint when he throws his head back (when laughing). He is in danger of sudden death if this thoracic outlet obstruction is left to continue to grow. Its speedy removal is essential regardless of the histology of the tumour. The onset of atrial fibrillation and heart failure in an older man or woman is a cardinal sign of the development of thyroid toxicity without the appearance of its other classical signs. Involvement of the larynx, with a hoarse voice, may indicate a malignant change, which fortunately is rare.

Peter had his benign thyroid mass removed and is able to enjoy his friends' company without the fear that laughter will make him unconscious.

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