

Abstract CODE : A167

TYPE : ORAL PRESENTATION

CATEGORY : GROWING AND SUSTAINABLE INTERVENTION RADIOLOGY

TITLE

Early experience of thyroid artery embolisation for multinodular goiter.

BACKGROUND

Background - Nodular goiter (NG) is a common disorder affecting approximately 3%–6% of the population in endemic areas. Since the risk of malignancy is very low, therapy is generally performed to relieve compressive or cosmetic complaints. Hemithyroidectomy or total thyroidectomy is currently the standard therapy. However, thyroidectomy may result in complications such as recurrent laryngeal nerve palsy, hypoparathyroidism, and permanent hypothyroidism that requires lifelong hormonal therapy. A less invasive and safer alternative may be necessary for this otherwise benign disorder. The purpose of this study is to report early single-centre experience of thyroid artery embolization as the non-surgical treatment of NG.

METHODS

Methods -A single-center, retrospective study of patients who underwent transarterial embolization for the management of NG from 1/5/23 to 30/10/23. During a six months period, six patients with NG and euthyroid status underwent thyroid artery embolization (TAE). All the patients had multiple nodules in both lobes with single lobe dominance and two FNA cytology reports at least a month apart showing the nodules to be of Bethesda category II. Of six patients, 5 (83%) had retrosternal extension of goiter. All patients received carbimazole 10 mg OD and Propanolol 40 mg OD starting from one day prior to procedure and up to one month after procedure. In all patients, clinical and radiological evaluations were made at baseline and 3 months after TAE, and these parameters were statistically compared.

RESULT

Results - In 6 patients, 13 thyroid arteries were successfully embolized. No 30-day mortality observed. Minor complications were seen in two patients. There were no major complications. There were no overt features of hyperthyroidism. Three months after the TAE, the mean nodule volume was reduced from 80.2 mL to 50 mL (~40%). Of the 6 patients, 5 declared that they would recommend TAE to other patients with NG.

CONCLUSIONS

TAE is safe and effective for the treatment of NG, with a significant volume reduction of the nodule(s) and thyroid gland.

AUTHOR

VINEETH KURKI

CO-AUTHOR

Dr. ARUN GUPTA

Dr. AJIT YADAV