

Delayed Cervical Pneumatocele: Unveiling a Rare Complication After a Transoral Endoscopic Thyroidectomy Vestibular Approach

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Image Legend

A 49-year-old woman was diagnosed with a multinodular goiter, measuring 40 grams. Fine-needle aspiration of a 3 cm left thyroid nodule showed Bethesda II results. After discussing the risks and benefits, the patient opted to undergo transoral endoscopic thyroidectomy vestibular approach due to concerns about scarring. The procedure was completed without complications. Pathology revealed papillary thyroid cancer, stage I (T2N0M0). However, 10 days postoperation, the patient noticed erythema, swelling, and tenderness of the skin in her neck. Oral antibiotics were prescribed, and the swelling improved. One week later, the patient noticed a soft, nontender, sagging area beneath her chin that felt like a

balloon. The sagging increased when she spoke or performed the Valsalva maneuver (Fig. 1). Cervical pneumatocele was suspected. Although a computerized tomography scan was recommended to confirm the diagnosis, the patient declined. Daily telemedicine follow-ups were conducted, and the sagging spontaneously resolved within 3 days. After a year of follow-up, no further complications were found. Cervical pneumatocele can present as a delayed-onset complication following transoral endoscopic thyroidectomy vestibular approach surgery and may resolve spontaneously. Risk factors include prolonged intubation, excessive use of cautery during surgery, prolonged tracheal compression by large goiter, wound infection, and vigorous postoperative coughing [1, 2].



Figure 1. Cervical pneumatocele (A) at rest (B) during Valsalva maneuver (The images were captured from a video.)

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Informed Patient Consent for Publication

Signed informed consent was obtained directly from the patient.

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