

Acute Suppurative Thyroiditis and Thyroid Abscess: A Case Series in a Tertiary Care Hospital

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Keywords: Hemithyroidectomy, Incision and drainage, Infection.

Indian Journal of Endocrine Surgery and Research (2021); 10.5005/jp-journals-10088-11166

We read with interest the article titled "Acute Suppurative Thyroiditis and Thyroid Abscess: A Case Series in a Tertiary Care Hospital" by Mohapatra et al.¹ Thyroid gland with its rich blood supply and lymphatic drainage and high glandular content of iodine which has bactericidal and separation of the gland from other structures of neck make infections a rarity of the thyroid gland.² We congratulate the authors on their article on suppurative lesions of thyroid gland and their long-term experience in a single center from 1998 to 2021. We agree with authors that the management needs to be started immediately and if preexisting goitrous pathology is present then it should be tackled wisely for better outcomes. These lesions are rare and endocrine surgeon may encounter very few cases in his/her career. We have few queries which may interest future readers.

Did the authors start antibiotics empirically? If so, what antibiotic and did they change after culture report? What was the most common organism in their study? Was any patient with hyperthyroid? In the reoperative surgery done after incision and drainage did the authors encounter a difficult thyroidectomy due to adhesions?

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REPLY FROM AUTHOR

Dear Madam,

It is indeed a great pleasure and matter of immense appreciation that the authors in the "Letter to the Editor" have gone through the article titled "Acute Suppurative Thyroiditis and Thyroid Abscess: A Case Series" very keenly and analytically. They have brought about extremely important and genuine queries which will be beneficial for the readers from our experience while treating such a rare thyroid disorder. The empirical antibiotic used in our cases has been an intravenous 3rd generation Cephalosporin alone in mild cases and additionally Inj. Amikacin and Inj. Metronidazole in moderate to severe infections associated with Diabetes mellitus for 5–7 days followed by oral cephalosporins for another 7–10 days depending on the condition of the wound. Culture and sensitivity of the pus aspirated during FNAC or retrieved from incision and drainage specimen was actually of not much help. In 12 out of 15 cases there was no growth. Only 3 cases had growth of organisms i.e 2 cases had staphylococcus and streptococcus and in one case *E coli*. The antibiotics sensitive were like ceftriaxone, cefotaxime

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How to cite this article: Mayilvaganan S, Idrees S, Bhargav PR, et al. Acute Suppurative Thyroiditis and Thyroid Abscess: A Case Series in a Tertiary Care Hospital. *Indian J Endocr Surg Res* 2021;16(2):88.

Source of support: Nil

Conflict of interest: None

REFERENCES

- Mohapatra KC, Ethiraj S, Panda G. Acute suppurative thyroiditis and thyroid abscess: a case series in a tertiary care hospital. *Indian J Endocr Surg Res* 2021;16(1):5–10. DOI: 10.5005/jp-journals-10088-11160.
- Ghaemi N, Sayedi J, Bagheri S. Acute suppurative thyroiditis with thyroid abscess: a case report and review of the literature. *Iran J Otorhinolaryngol* 2014;26(74):51. PMID: 24505576.

amikacin, azithromycin and fluoroquinolones. So we decided to continue the same empirical antibiotic since the response was good. Adequate drainage of the abscess and breakage of loculi with establishment of free drainage of the cavity was the key to successful outcome and complete resolution of infection. Since we could not do anaerobic culture of the pus some anaerobes might have been missed. The reason why no organism was cultured in a large number of specimens is that ours being a tertiary care hospital, the index patients were already evaluated and treated with several antibiotics by the referring clinicians before they consulted us, but this finding did not alter our approach.

All patients in our series were euthyroid clinically and biochemically. We allowed 3–6 months interval period for complete subsidence of inflammation to undertake thyroidectomy in residual goitre. After thorough physical examination, USG neck, X-ray, vocal cord assessment, etc., the thyroidectomy was undertaken in the conventional open approach. No difficulty was encountered as the tissue planes were fairly alright. Only the adherent strap muscles were excised in some cases.

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