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A case report

Endoscopic Thyroidectomy in a Young Female

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Introduction

- A neck scar is a significant cosmetic concern for young women
- Endoscopic thyroidectomy removes the gland through a small axillary incision
- Potential benefits: better cosmesis, smaller and less visible scars

Objectives

- Better cosmetic outcome
- Safe removal of diseased thyroid tissue
- Early recovery and shorter hospital stay

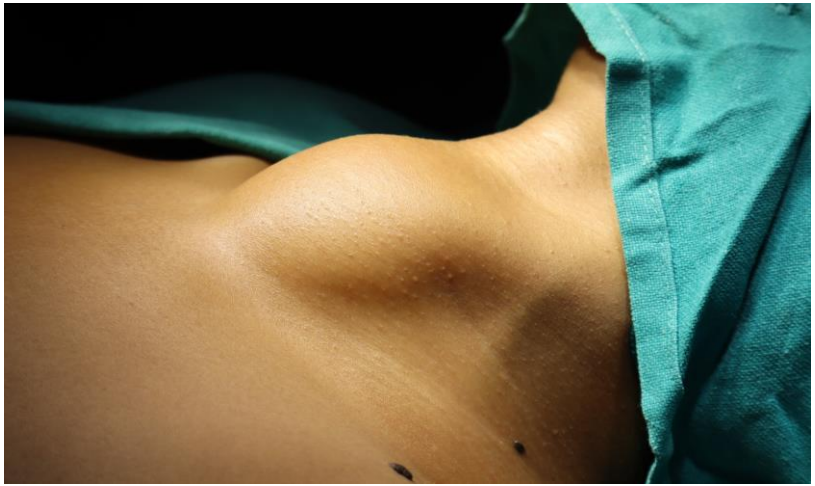
Case presentation and USG findings

Case presentation

- 27-year-old female, left neck swelling
- Solid, mobile ~5×4 cm swelling moving with deglutition
- No dysphagia or breathing difficulty

USG neck (14/09/2026)

- Cystic nodule 5×4×5 cm, left lobe, few septations
- Solid-cystic nodule ~0.9×0.7×0.9 cm
- Impression: colloid goitre, left lobe
- FNAC: benign follicular nodular disease



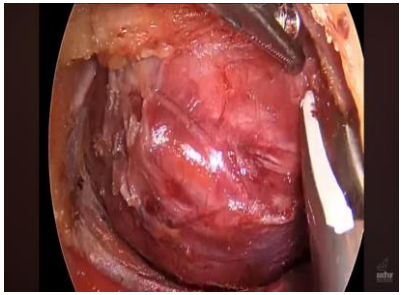
Pre-operative: swelling on the left side of the neck

5×5 cm
left lobe nodule

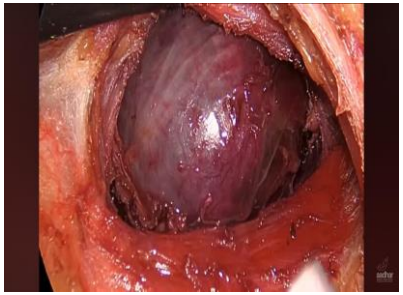
Benign
on FNAC

Operative technique and findings

1. Rose's position
2. Left axillary incision; working space created
3. Ports: one 10-mm, two 5-mm; CO_2 insufflation
4. Middle thyroid vein and superior pedicle divided
5. Parathyroids and recurrent laryngeal nerve preserved
6. Berry's ligament divided; cyst aspirated, specimen retrieved



Thyroid lobe exposed



Cystic nodule in view



Axillary port site

5×5 cm left nodule, increased vascularity

Confined to left lobe, no local invasion

Nerve and parathyroids preserved

Hospital course and outcome

Ward
Managed conservatively after transfer

POD-1
Soft diet, followed by regular diet

Recovery
Minimal pain, normal voice, no hypocalcemia

Discharge
Next day on oral medications



Neck with no visible scar

Discussion and conclusion

Discussion

- Better cosmesis, especially for young women concerned about neck scars
- Smaller nodules are easier to remove; careful patient selection is crucial
- Not suitable for locally invasive malignancy or very large nodules

Conclusion

- Safe and effective in appropriately selected young female patients
- Excellent cosmesis with minimal visible scarring
- Adequate removal of the lesion while preserving vital structures

References 1. Hüscher CS et al. Endoscopic right thyroid lobectomy. Surg Endosc. 1997;11(8):877. 2. Iacconi P et al. Endoscopic thyroid and parathyroid surgery. Surg Endosc. 1999;13(3):314–315. 3. Ikeda Y et al. Endoscopic neck surgery by the axillary approach. J Am Coll Surg. 2000;191(3):336–340.