Goitrous Nodule (Figs. 134–137)

- See also Thyroid Gland, p. 412, and Goiter, Hyper- and Hypothyroidism, p. 179.

**Note:** A patient with a goiter may be in such poor general health that the signs and symptoms suggest neoplasia. New swelling may signify a fast-growing thyroid carcinoma, intrathyroid hemorrhage, or the rapid growth of a thyroid nodule. Rapid progression of dyspnea may indicate bleeding into a thyroid carcinoma.

**Clinical manifestations:** palpable, nontender swelling in the neck, often visible. There may be dyspnea with stridor serious enough to require intubation. If dyspnea is of long standing, the patient may be in a debilitated condition.

**Diagnosis:** History, sonography. If intubation is required, it should be followed by tracheoscopy.

**Sonographic findings:**
- Enlarged thyroid gland, with or without a discrete nodule
- The trachea may be narrowed or obstructed.
Accuracy of sonographic diagnosis: The sonographic findings are diagnostic in many cases. Additional laboratory parameters are often needed but are not yet available in an emergency setting, making the diagnosis uncertain.

**Suppurative Thyroiditis**

- See Goiter, Hyper- and Hypothyroidism, p. 179.; Thyroid Gland, Abscess, p. 419.

**Salivary Gland Swelling**

- See also Chapter 19, Major Salivary Glands.
- **Classification:**
  - **Parotitis:**
    - Acute bacterial, viral, or allergic
    - Chronic in systemic diseases, radiation-induced