Massive Thyroid Hematoma Developing after a Fine-needle Aspiration Biopsy

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Picture.

Chest computed tomography (CT) was performed in a 62-year-old woman in order to detect the primary site of a metastatic brain tumor. Thyroid nodules were observed (Picture A). The patient underwent an ultrasound-guided fine-needle aspiration biopsy (FNAB) of a hypoechoic 16.7×22.6×9.8-mm nodule on the right side using a 22-gauge needle. No anticoagulant or antiplatelet agents were administered. No hypertension or thrombocytopenia were observed. Three hours after undergoing the FNAB, the patient experienced severe neck swelling and pain. CT scans showed markedly enlarged thyroid lobes containing hyperdense ar-

reas, thus indicating the presence of hemorrhaging (Picture B and C). The hematoma decreased in size without surgery. The obtained specimen did not indicate malignancy.

Massive hematomas are rare post-FNAB complications that often extend to both thyroid lobes, as observed in this case (1, 2). Pre-FNAB Doppler imaging showed intratumoral hypervascularity, the probable cause of hemorrhaging throughout both lobes (Picture D, arrow; punctured nodule). Hypervascular thyroid nodules often have weak veins and arteriovenous shunts that tend to bleed easily.

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