

may be an indication for surgery in a clinically asymptomatic patient. This, however, should not be extrapolated to warrant a recommendation for surgery in all patients with asymptomatic retrosternal goitre.

### Conclusions

We do not believe a case has been made for routine surgery in 'asymptomatic retrosternal goitre'. The argument to support surgery in this condition would seem untenable in iodine-deficient regions, where ultrasound screening of individuals without thyroid disease has documented retrosternal thyroid tissue in 25% of patients above 70 years of age.<sup>14</sup> Well-conducted, prospective studies on the natural history of this condition will be invaluable in providing data to guide management and possibly to predict the need for surgery to prevent complications in selected patients. Until this is available, a policy of observation is justified in a patient with asymptomatic retrosternal extension of a nodular goitre, provided there is neither a suspicion of malignancy nor any evidence of progressive enlargement.

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