

<b>Appendix 1:</b> Features of postobstructive pulmonary edema cases associated with thyroid tumour (as supplied by the authors)									
Type	Age (yrs), Sex	Etiology	Size	Time to symptoms	Associated condition	Time to resolution	Fine needle aspiration	Treatment	Reference
I	35, F	Multinodular goitre	N/A	On admission	Pregnant 39 wk	24 h	No	Thyroidectomy	1
I	70, F	Metastatic squamous cell carcinoma	3.0 × 4.0 cm	On admission	Primary lung cancer	36 h	No	Surgical exploration	2
I	35, F	Macrofollicular goitre	N/A	On admission	Pregnant 38 wk	Hours	Yes	Subtotal thyroidectomy	3
I	51, F	Degenerated colloid cyst	N/A	1 day	N/A	24 h	No	Total thyroidectomy	4
II	50, M	Papillary carcinoma	13.7 cm	N/A	After resection of mediastinum thyroid goitre	24h	No	Intubation, BiPAP	5
I	63, F	Multinodular goitre	4.0 × 9.0 cm	On admission	N/A	24 h	No	Thyroidectomy	6
I	50, F	Papillary carcinoma	7.0 × 4.0 × 3.0 cm	17 minutes	N/A	29 h	Yes	Subtotal thyroidectomy	Present case

\* N/A indicates not available or not applicable; BiPAP = bi-level positive airway pressure

#### References

- Stradling JR, Bolton P. Upper airways obstruction as cause of pulmonary oedema. *Lancet* 1982;1:1353-4.
- Leatherman JV, Schwartz S. Pulmonary edema due to upper airway obstruction. *South Med J* 1983;76:1058-60.
- Lagler U, Russi E. Upper airway obstruction as a cause of pulmonary edema during late pregnancy. *Am J Obstet Gynecol* 1987;156:643-4.
- Koh MS, Hsu AA, Eng P. Negative pressure pulmonary oedema in the medical intensive care unit. *Intensive Care Med* 2003;29:1601-4.
- Ikeda H, Asato R, Chin K, et al. Negative-pressure pulmonary edema after resection of mediastinum thyroid goiter. *Acta Otolaryngol* 2006;126:886-8.
- Schaffer SA, Manji RA, Kirkpatrick I, et al. Negative pressure pulmonary edema in the coronary care unit. *Can J Cardiol* 2008;24:e58-9.