An 87-year-old woman came to our emergency department with dyspnea at rest and respiratory difficulty that had been progressing over the previous 48 h. We observed tachypnea with cyanosis, and SatO₂ was 69%. Thoracic computed tomography showed evidence of a massive endothoracic goiter with anterior mediastinal extension. The mediastinum was displaced towards the right and atelectasis was detected in the lower left and middle lobes (Fig. 1). Surgical treatment was not considered due to the patient’s age, comorbidities and functional status. The patient died 72 h after hospitalization.

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