



Imagens em Endocrinologia

Thyroglossal Duct Cyst Embracing Thyroid Gland and Trachea



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INFORMAÇÃO SOBRE O ARTIGO

Historial do artigo:

Received/ Recebido: 2020-05-30

Accepted/Aceite: 2021-03-02

Publicado / Published: 2021-08-05

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Keywords:

Thyroglossal Cyst

O Quisto Tireoglossal que Abraça a Tiróide e a Traqueia

Palavras-chave:

Quisto Tireoglossal

Thyroglossal duct cysts (TGDC) are the most common form of congenital cervical anomalies. They represent epithelial remnants of the thyroglossal tract and can form anywhere along the thyroid route of migration. Characteristically, TGDC present as a 20 mm midline nontender neck mass at the level of the thyrohyoid membrane, closely associated with the hyoid bone, although other locations may occur.¹⁻³

Most patients with TGDC are children or adolescents, but up to one third of patients affected are adults: males and females are equally affected.^{1,2} The differential diagnosis includes dermoid cysts, sebaceous cysts and thyroid ectopia. Computed tomography (CT) of the neck and cervical ultrasonography (US) are the preferred imaging modalities.¹⁻³ for the diagnosis.

We report a case of a healthy 42 year-old woman presented with a neck mass, causing aesthetic concerns. Ultrasonography (US) revealed what seemed to be a cystic nodule that compassed all thyroid gland (Fig. 1). Thyroid function was within the normal age. US-guided aspiration of the cyst was performed, with inconclusive cytological results (Result: scarce number of cells in the fluid). After simple aspiration, there was full restitution of the cyst. CT of the neck showed a 57 mm cystic mass surrounding the thyroid gland and compressing adjacent structures (Fig. 2) and, therefore, a surgical approach was decided. The patient underwent surgical removal of the cystic mass alone (full thyroid tissue was kept intact), with a histology described as a thyroglossal cyst (result: histological and immunohistochemical studies (CD31 and CK7) strongly suggesting thyroglossal cyst). There were no complications after surgery. In the last follow-up, US shows no signs of cyst formation and thyroid function is normal without levothyroxine replacement.

All incidental detected cystic masses on head and neck imaging should be investigated, and TGDC should be considered. Before surgery is planned, it is important to determine whether patients with a TGDC have thyroid tissue in the normal site or any ectopic thyroid tissue (All cases of thyroid ectopia should have thyroid function tests, ultrasonography, and a thyroid scan performed to locate additional functioning thyroid tissue), as this can be involved with benign or malignant thyroid disease. If there is not normal thyroid tissue, the patient faces the possibility of lifelong hypothyroidism after surgery. There are no other major risks, reported with this procedure. After surgery, the prognosis is excellent, with around 10% risk of lifelong recurrence of the TGDC.^{1,2}

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<https://doi.org/10.26497/ie200021>

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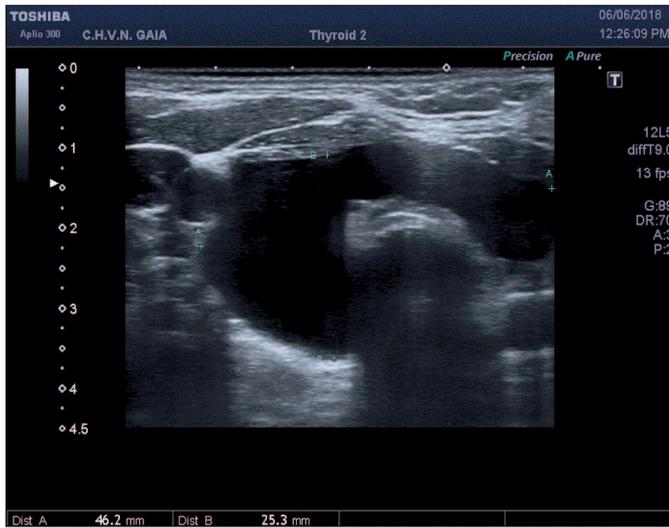


Figure 1. US transversal plan, showing an enlarged cyst around and compressing thyroid gland.

During follow-up, the patient has been shown no signs of cyst recurrence and is now under ultrasound surveillance, every 6 months.

Responsabilidades Éticas

Conflitos de Interesse: Os autores declaram a inexistência de conflitos de interesse na realização do presente trabalho.

Fontes de Financiamento: Não existiram fontes externas de financiamento para a realização deste artigo.

Confidencialidade dos Dados: Os autores declaram ter seguido os protocolos da sua instituição acerca da publicação dos dados de doentes.

Consentimento: Consentimento do doente para publicação obtido.

Proveniência e Revisão por Pares: Não comissionado; revisão externa por pares.

Ethical Disclosures

Conflicts of Interest: The authors have no conflicts of interest to declare.

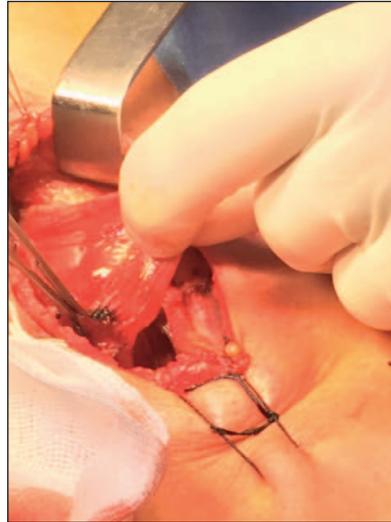


Figure 2. Thyroglossal cyst surgical removal: the cyst, being held in the picture by the surgeon, has a thin membrane with transparent liquid content.

Financing Support: This work has not received any contribution, grant or scholarship.

Confidentiality of Data: The authors declare that they have followed the protocols of their work center on the publication of data from patients.

Patient Consent: Consent for publication was obtained.

Provenance and Peer Review: Not commissioned; externally peer reviewed.

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