ECTOPIC THYROID TISSUE IN THE MIDLINE OF THE NECK COEXISTING WITH A NORMALLY LOCATED THYROID GLAND



OBJECTIVES

To present a case of ectopic thyroid tissue (ETT), localized in the midline – a very rare condition (1.79%). Incidence of malignancy in this group is lower than in orthotopic thyroid nodules.

METHODS

A 40 years old woman, resident in iodine sufficient area, but originating from an iodine deficient area, presented for a midline neck mass.

- > TSH and FT₁: measured by electrochemiluminescence
- > Thyroid ultrasonography
- **▶** ¹³¹I scintigraphy
- Cervical computed tomography scan
- Cytological exam by fine needle aspiration biopsy were performed.

Fig. 1. ¹³¹I thyroid scintigraphy

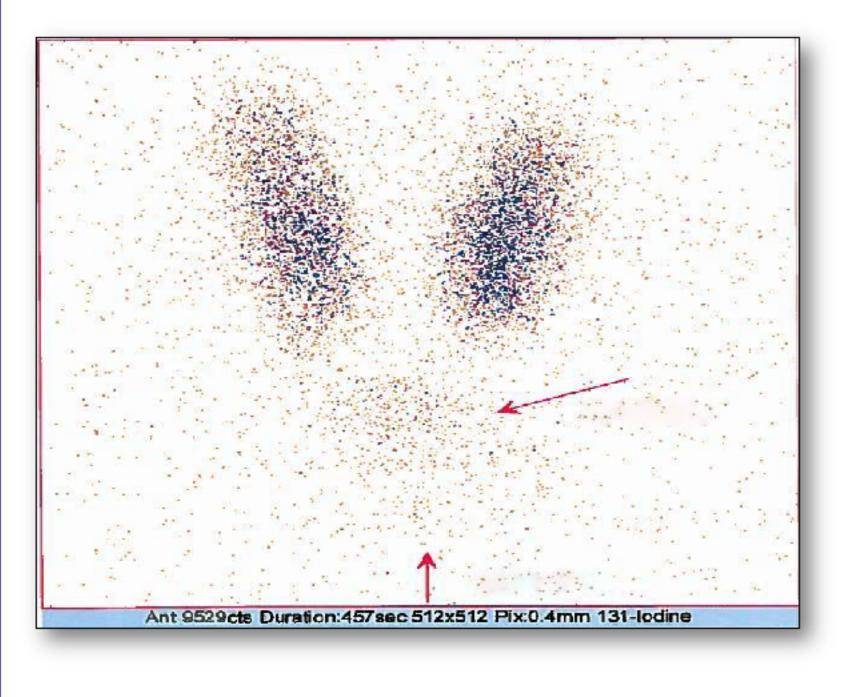


Fig. 2. Thyroid ultrasound



The thyroid scintigraphy revealed a normal located thyroid with inhomogeneous capture for ¹³¹I and slight uptake in the mass described by ultrasound.

Fig. 3. Cervical computed tomography



A. Coronal plan



B. Sagital plan

Midline mass in the inferior cervical region and superior mediastinum (ectopic thyroid).

RESULTS

- There were no compressive symptoms.
- ❖Clinical examination was normal, except a 3/2 cm supra sternal mass, homogeneous and painless.
- Laboratory findings:

TSH=0.71 mIU/I, FT4=14.2 pmol/I, TPO antibodies were positive (94 IU/mI) Calcitonin was normal (1 pg/mI).

- Neck ultrasound: hypoechoic solid nodule 31/16 mm (inhomogeneous with discreet vascularization) which was situated on the median line, below the lower poles of the thyroid gland, but without any contact with those.
- ❖FNAB confirmed thyroid tissue (normal, well-differentiated thyroid follicles, with old and recent bleedings, associated post hemorrhagic resorption areas- old nodular goiter) and did not reveal any evidence of malignancy.
- Surgical excision was scheduled.

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References

2. Ibrahim NA, Fadeyibi IO. Ectopic thyroid: etiology, pathology and management. Hormones (Athens). 2011 Oct-Dec;10(4):261-9.

CONCLUSIONS

Midline neck ectopic thyroid tissue is seen very rarely; it should be considered when we need to investigate a neck mass because it may coexist with a normally located and functioning thyroid gland

