## IMAGE OF INTEREST



## **Endocrine Image- Masqueraders of thyroid swelling**

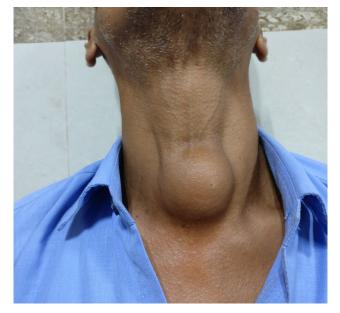
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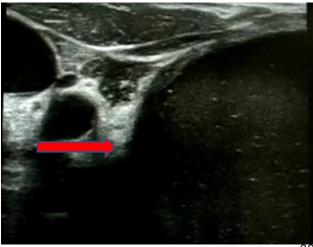
<sup>1-4</sup>Department of Endocrine Surgery, King George's Medical University, Lucknow, Uttar Pradesh, India Corresponding Author: Pooja Ramakant, Additional Professor, Department of Endocrine Surgery, King George's Medical University, Lucknow, Uttar Pradesh, India, e-mail: poojaramakant@gmail.com Abstract: Rarely, clinical findings and imaging are unable to differentiate the non-thyroidal swellings from thyroid mass and surgeons may come across intra-operative surprise. Keywords: Thyroid gland, anterior neck cysts

A number of non-thyroidal lesions like dermoid cyst, epithelial inclusion cyst, lipoma, pre-tracheal lymph nodes may mimic thyroid nodules (1). Pre-operative work-up becomes crucial to differentiate the origin of the mass to avoid any iatrogenic damage to the thyroid gland during surgery. However, sometimes even clinical findings and imaging also cannot differentiate the non-thyroidal swellings from thyroid mass and surgeons may come across intra-operative surprise. We herein present a case of cystic lesion mimicking a thyroid swelling.

A 40 year male patient presented with an anterior neck swelling for the past 10 years, which was well defined and showed movement with deglutition (Figure 1). Radiologically, on both high resolution ultrasound and computed tomography of neck, a cystic lesion was visualised arising from the isthmus of thyroid in midline, measuring approximately 75x48x46mm, without any solid component or calcification (Figure 2). Fine needle aspiration cytology was also reported as Bethesda category II with scattered follicular epithelial cells and abundant colloid in background. Intra-operatively, a cystic lesion was visualised separate from the thyroid gland below the strap muscles (Figure 3). Final histopathology revealed a benign dermoid cyst showing pseudostratified columnar epithelium admixed with dense inflammatory infiltrate.

Cystic lesions in the anterior aspect of neck mimicking a thyroid swelling maybe epidermal inclusion cyst or a dermoid cyst, both of which are rare (2). High clinical suspicion with appropriate radiological investigations may help in distinguishing thyroid from non- thyroidal lesion, however, surgeons do come across intra-operative surprises, and hence meticulous dissection with careful handling of thyroid becomes mandatory.







## Reference:

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