

# Interesting Images: Thyroglossal Duct Cyst Carcinoma

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## ABSTRACT

Thirty-six-year-old man was presented with a new onset swelling in the upper neck of 1 year duration. There were no pressure symptoms or voice change. No history suggestive of hypo/hyperthyroidism. On examination, there was a 6 × 4 cm cystic swelling in the infrahyoid region, which moved with deglutition and protrusion of tongue. The swelling had restricted mobility in the vertical plane. The thyroid gland was not palpable and there were no palpable cervical nodes. Computed tomography of neck and thorax was done in view of the locally advanced nature of the swelling—images attached. He then underwent total thyroidectomy + Sistrunk's operation.

**Keywords:** Papillary thyroid carcinoma, Thyroglossal duct cyst, TDCC.

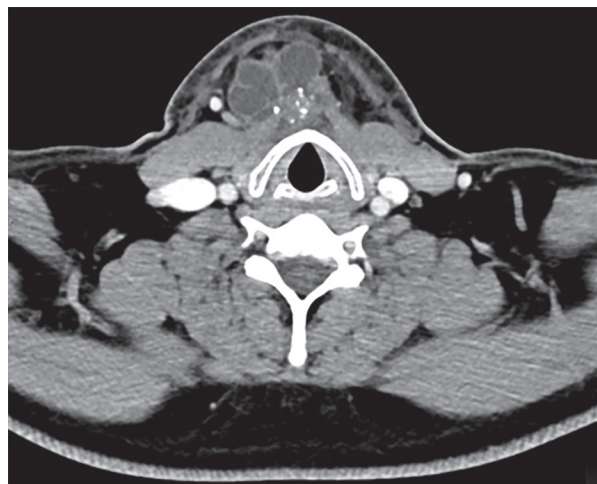
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## CLINICAL DETAILS

Thirty-six-year-old man was presented with a swelling in front of the upper neck of 1 year duration. There were no pressure symptoms or voice change. No history suggestive of hypo/hyperthyroidism.

On examination, there was a 6 × 4 cm cystic swelling in the infrahyoid region, which moved with deglutition and protrusion of tongue. The swelling had restricted mobility in the vertical plane. The thyroid gland was not palpable and there were no palpable cervical nodes.

Computed tomography of neck and thorax was done in view of the locally advanced nature of the swelling—images attached (Fig. 1).



**Fig. 1:** Lobulated complex solid cystic lesion with enhancing septation and solid component in the midline with calcific areas (classical description of TDCC) toward the right side of the neck—infiltrating into the surrounding muscles—suspicious of thyroglossal duct cyst carcinoma

He underwent total thyroidectomy + Sistrunk's operation (Fig. 2). His postoperative period was uneventful.

Final histopathology was reported as classical papillary carcinoma in the thyroglossal cyst—maximum tumor dimension

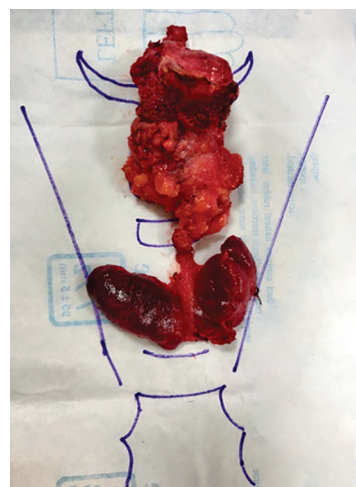
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**Conflict of interest:** None



**Fig. 2:** Resection specimen

was 3.7 cm with no extrathyroidal extension or lymphovascular invasion. The thyroid was reported as lymphocytic thyroiditis with no evidence of malignancy.

He is planned for whole body scan and iodine therapy.

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