

A RARE PRESENTATION OF UNUSUAL BENIGN MULTICYSTIC THYROID SWELLING IN THE LATERAL PART OF NECK

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ABSTRACT

Thyroid swellings rarely present as cystic masses in neck laterally. Mostly cystic neck masses appearing in neck are usually benign. However, they may occasionally have a sinister origin and should be investigated rigorously.¹

Thyroid cysts most often result from cystic degeneration in an adenomatous nodule.² Brachial Cysts, dermoid cysts and epidermoid cysts are the most common benign neck cysts.³

Presentation of thyroid tissue as a cystic mass in the lateral side of the neck is rare⁴.

We present a rare case of multicystic swelling in left supra-clavicular region of neck with no other thyrotoxic or pressure features. The swelling appeared to be malignant during surgery on gross examination, but turned to be a benign thyroid cyst by histopathological examination.

Keywords : multicystic, thyroid cyst, cystic degeneration

INTRODUCTION

Mostly cystic neck masses appearing in the anterior or posterior triangle of the neck are usually benign. However, they may occasionally have a sinister origin and should be investigated rigorously.¹

Thyroid cysts most often result from cystic degeneration in an adenomatous nodule. The risk of malignancy is low but increases to 14% for mixed solid and cystic lesions.²

Brachial Cysts, dermoid cysts and epidermoid cysts are the most common benign neck cysts.³

Presentation of thyroid tissue as a cystic mass in the lateral side of the neck is rare⁴.

We report such a rare case of multi-cystic swelling of thyroid origin in lateral side of neck, extending from left supraclavicular region to right side of neck. Clinically appeared to be malignant, which turned out to be true benign swelling.

CASE REPORT

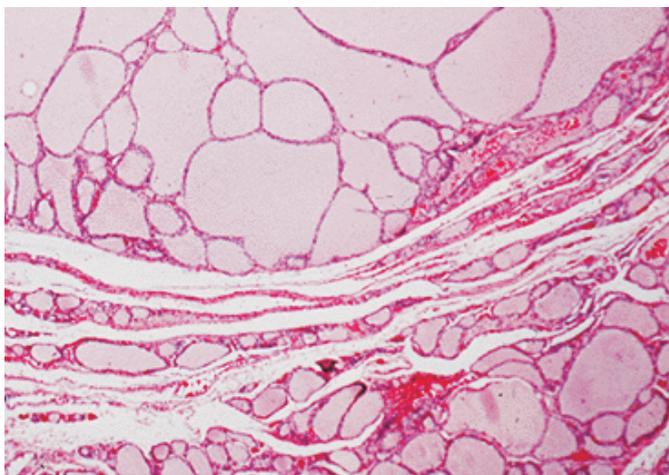
A female patient, 41-years old presented in surgery department with painless swelling on left side of the neck in supraclavicular region for last 3 years.

The swelling was small in size to start, and gradually increased to present size (8x6 cm) in last 6 months. The swelling was evident on left side of neck only and swelling did not move with deglutition or protrusion of tongue, consistency was variable. No cervical lymphadenopathy and no features of toxicity and pressure effects were present. Neck and chest X-Ray showed tracheal deviation to right side and foci of fine punctate calcification in the neck in thyroid region. An ultrasound of her neck showed a large well-defined multicystic swelling. Fine Needle Aspiration Cytology of the swelling showed straw colored fluid and features suggestive of benign cystic lesion.

Patient was operated under general anesthesia. Horizontal incision given over the swelling and flaps raised. Swelling was dissected and swelling found to be multicystic, constituting cysts of variable size. Fluid in cyst was clear light brown in colour. Some cysts were intercommunicating and some non-communicating. Swelling was found extending towards right side of the neck crossing and deviating the trachea.

Swelling was adherent to external juglar vein, digastric muscle and to other surrounding structures. No Intrathoracic extension was present. Total excision of the multicystic swelling was done.

Postoperative period was uneventful except mild voice change. On histopathological examination of specimen, thyroid tissue found in some sections, exhibiting adenomatous goiter with mild papillary hyperplasia, cystic change, fibrosis, haemorrhages (recent and old) and many areas of dystrophic calcification.



Histopathological figure

DISCUSSION

Brachial Cysts, dermoid cysts and epidermoid cysts are the most common benign neck cysts, sometimes oropharyngeal and tonsillar tumours can also present as metastatic cystic masses in the neck.³ Presentation of thyroid tissue as a cystic mass in the lateral side of the neck is rare⁴.

Sometimes there can be central liquefaction of the lymph node metastasis from thyroid cancer or malignant transformation of the ectopic thyroid gland which results into formation of such cysts⁵.

Ultrasonography is helpful in distinguishing such cysts into benign or malignant. Cysts having more solid composition, hypoechoic, micro-calcifications, irregular margins and increased intranodular vascularity are more likely to be malignant⁶.

Nearly 40% of lymph node metastasis from papillary carcinoma of thyroid can undergo liquefactive degeneration and may present as benign cystic neck swelling⁷.

Ultrasound guided FNAC and raised thyroglobulin levels of aspirated fluid from cysts can help in deciding the origin and presence of neoplasia in such cystic neck swellings⁸.

CONCLUSION

Unusual presentation of thyroid malignancies like solitary cystic nodal mass or multi-cystic mass in neck must be considered.

Ultrasound guided FNAC can help in differentiating benign from malignant cystic lesion from neck.

Aspirated fluid thyroglobulin and thyroid transcription factor levels may help to differentiate cystic thyroid carcinomas from benign cystic of benign cystic swelling.

The complete excision is the cure for this type of benign thyroid swelling.

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