



ORIGINAL RESEARCH PAPER

General Surgery

THYROGLOSSAL CYST MIMICKING AS MUCOCELE: A CASE REPORT

KEY WORDS: Thyroglossal Duct, Cyst, Sistrunk, Thyroid.

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ABSTRACT

Thyroglossal cyst- Cystic swelling developed from the remnant of Thyroglossal duct or tract. Presents as midline swelling in the neck moves with deglutition and protrusion of tongue. Here we report a case Thyroglossal cyst presents as asymptomatic swelling in the submental region not moving with deglutition and protrusion of tongue. FNAC showed Mucocele. On evaluation found to be Thyroglossal cyst. Patient was proceeded with Sistrunk operation

CASE REPORT:

A 30 year old female with C/O swelling in the neck for 2 years. Insidious in onset, gradually progressed to attain the present size. No H/o pain over the swelling. Swelling does not moves with the deglutition and protrusion of the tongue.

Swelling does not increases in size on straining . No H/o suggestive of hypothyroidism and hyperthyroidism. No H/o swelling anywhere in the body. On examination a swelling of size 3*2cm over the midline of the neck in submental region. Oval in shape. Smooth surface. Skin over the swelling is normal. Swelling not moves with deglutition and protrusion of the tongue. On palpation swelling is not warm and not tender. No induration. Fluctuant and not trans illuminant. Swelling is firm in consistency. No other swellings palpated in neck. On investigation HFUSG- showed cystic swelling in subcutaneous plane. FNAC showed mucocele. CECT showed possibility of thyroglossal cyst. MRI neck showed thyroglossal cyst. Patient treated with SISTRUNK OPERATION. Post operation period was uneventful. HPE showed thyroglossal cyst.

Fig.1- PRE OP PICTURE



Fig.2- INTRA OP PICTURE



DISCUSSION:

Thyroglossal cyst is a cystic swelling occurring in neck in any part along the thyroglossal tract. It is a tubulo dermoid and is due to failure of thyroglossal tract to obliterate. Thyroglossal cyst is always congenital with or without normal thyroid. Presents as midline swelling in neck slightly towards left. It moves with deglutition and also moves with the protrusion of tongue. Most common position is subhyoid. It is common in females mostly between age 15 to 30 years of age. It is a tubulo dermoid lined by ciliated columnar epithelium. As it contains lymphoid tissue it is commonly associated with infection and suppuration which on improper evaluation with drainage leads to fistula which is always acquired. As it contains lymphoid tissue on long standing complications are lymphoma and papillary carcinoma of thyroid. Investigations includes TFT, USG, MRI and radio iodine uptake study. To look for functional thyroid tissue. As it may contain ectopic thyroid tissue. Treatment is always surgical- SISTRUNK OPERATION. To conclude consider thyroglossal cysts an important differential diagnosis in midline swellings of neck. Particularly in females between 15 to 30 years of age . Suprahyoid position will not moves with deglutition. Before intervention proper evaluation of the case is mandatory.

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