

Investigation prior to thyroglossal duct cyst excision

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COMMENT ON

Joseph J, Lim K, Ramsden J. Investigation prior to thyroglossal duct cyst. *Ann R Coll Surg Engl* 2012; **94**: 181–184

I enjoyed reading the authors' report of a computerised questionnaire evaluation of the approach of ear, nose and throat surgeons to the pre-operative assessment of a patient with a clinically diagnosed thyroglossal duct cyst (TDC). With a response rate of 64%, the majority (95%) of the surgeons contacted would arrange an ultrasound (US) scan of the neck, with a moderate-sized minority (32%) requesting thyroid function tests (TFTs). While advocating the value and cost-effectiveness of TFTs to exclude an ectopic thyroid, the authors state in their discussion that 'Neck ultrasonography can accurately identify normal thyroid tissue in the presence of TDC'.

Unfortunately this statement is not correct. In cases in which the thyroid has not completely descended, the subsequent configuration of the infrahyoid muscles may mimic the US appearance of a normally descended thyroid gland.¹ While this error may be avoided by high-resolution parasagittal imaging performed by an experienced sonologist with knowledge of the clinical context, this may not always pertain, with radiological attention perhaps diverted by the presumed TDC.¹

Although I would not disagree with the authors' conclusions in relation to the results of their questionnaire study, readers should at least be aware of the possibility of an erroneous US report, suggesting the presence of a normally located thyroid gland when this is not the case.

Reference

1. Holland AJA, Sparnon AL, LeQuesne GW. Thyroglossal duct cysts or ectopic thyroid gland? *J Paediatr Child Health* 1997; **33**: 346–348.

Author's Response

J Joseph

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Jonathan Joseph, E: jajoseph@doctors.org.uk

I read with interest your case report to which you refer in the response to our article. As you state in the report, the presence of a 'pseudothyroid' gland is a very rare event. Many radiologists will never come across it. However, this is a phenomenon of which clinicians need to be aware. We report the literature review that found no cases of a non-functioning thyroid with normal appearance on ultrasonography.¹ The evidence behind this is strong and can be relied upon. We would challenge your assertion that the conclusion of the above review and therefore the statement in our article is incorrect.

Ultrasonographers who routinely scan the neck should be aware of the phenomenon you mention and account for it. This potential pitfall is not commented on anywhere in the literature, apart from your single case report, suggesting it is not a major concern. I am, however, grateful to Mr Holland for bringing to light an interesting aspect in the investigation of midline neck lumps.

Reference

2. Lim-Dunham JE, Feinstein KA, Yousefzadeh DK, Ben-Ami T. Sonographic demonstration of a normal thyroid gland excludes ectopic thyroid gland in patients with thyroglossal duct cyst. *AJR Am J Roentgenol* 1995; **164**: 1,489–1,491.