

Cervical teratoma simulating thyroglossal cyst

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DESCRIPTION

A 4-year-old girl was referred with a midline neck swelling, which has been visible over the last few months. It appeared after a possible viral or upper respiratory tract infection. She had a 2 cm diameter, spherical, smooth, non-tender cystic swelling in the midline below the hyoid cartilage. It was very mobile in a transverse direction but less mobile in a vertical direction. It apparently appeared to move upwards during deglutition but not when she protruded her tongue. An ultrasound scan confirmed a 12×12×7 mm mass of homogeneous echotexture with no vascular flow in the midline just below the level of the hyoid bone (figure 1). The mass was mobile on deglutition but not with protrusion of tongue movement. The presence and position of thyroid tissue was confirmed. At exploration, thick-walled cyst was easily separated from surrounding tissues and was not attached to the hyoid bone or the thyroid isthmus by any tract. Excised intact cyst was bisected and thick putty like material was found within the intact thick walled cyst. Postoperative period was uneventful. Histology confirmed mature cystic teratoma. Cervical midline teratoma is rare and could lead to airway obstruction in the perinatal period.^{1–3} It is important to differentiate them preoperatively and intraoperatively as the thyroglossal cysts needs the Sistrunk procedure involving the removal of the

intact tract with the central portion of the hyoid bone as well as to prevent recurrence as the tract runs very close to the central body of the hyoid bone. Recurrence is rare; cosmesis and prognosis is excellent.

Learning points

- ▶ Cervical teratoma is strictly in the midline, superficial, thick walled, relatively freely mobile transversely and well preserved without any changes or complications.
- ▶ Thyroglossal cysts are slightly to the left of midline, deeper, thin walled, more fixed and attached to the hyoid bone and thyroid isthmus, moves with deglutition and protrusion of tongue and gets early infection.
- ▶ Ultrasound scan shows relatively homogeneous fluid in an uncomplicated thyroglossal cyst and is more thick putty-like material and sometimes may show calcification, hair like structures and heterogeneous contents in cervical teratoma. Congenital midline cervical anomalies in general and cervical teratoma in particular are essential to consider in the clinical assessment of head and neck midline masses in children.

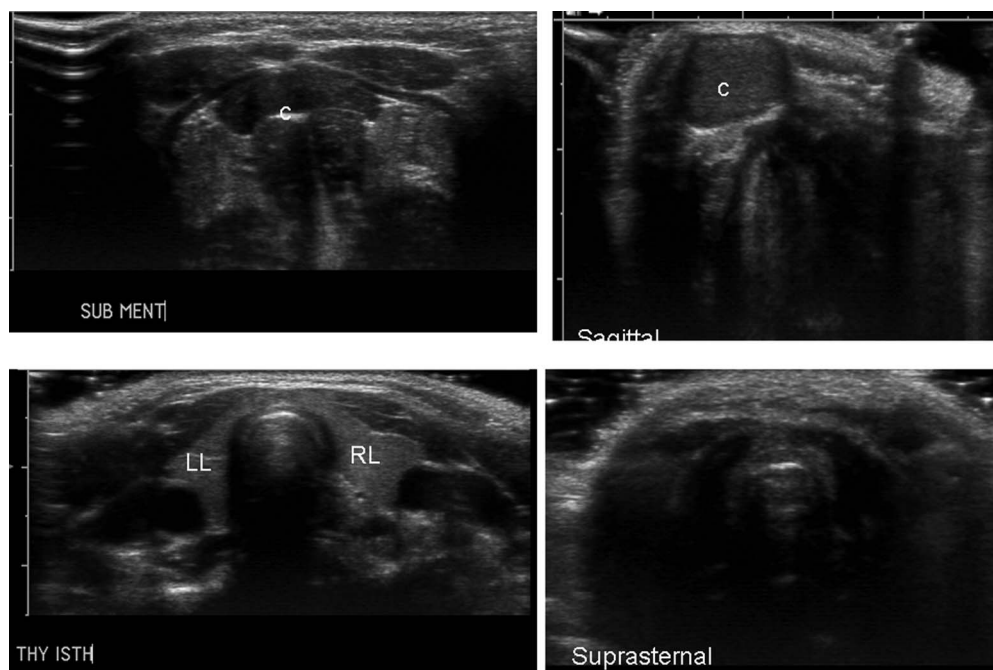


Figure 1 (A and B) Transverse and sagittal views showing thick-walled homogeneous echotexture of the cyst (C) contents. (C) Thyroid isthmus and both lobes; RL, right lobe; LL, left lobe. (D) Suprasternal area showing normal neck structures.

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