

Case Report

Unusual benign multicystic swelling in the neck : a case report

SK Bhatia¹, Prem Singla², Sudesh Partap³, Navjot Singh⁴, Nidhi Bhatia⁵, Lokesh Mahajan⁴

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

[J Indian Med Assoc 2019; 117: 33-4]

Key words : Multicystic, thyroid-cyst.

Cystic neck masses appearing in the anterior or posterior triangles of the neck are usually benign. However, they may occasionally have a sinister origin and should be investigated rigorously¹.

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 (cysts larger than 3-4 cm). Most common type of malignant thyroid cyst is papillary thyroid carcinoma².

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

CASE REPORT

A 41-year-old female patient presented with painless swelling on left side of the neck for last 3 years, small in size to start in left supraclavicular region, and gradually increased to present size (8 × 6 cm) in last 6 months. Clinically 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 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 (Fig 1).

Patient was subjected for surgery under general anesthesia. Horizontal incision given over the swelling and flaps raised. Fluid in cyst was clear light brown in colour. Swelling found to be multicystic, constituting cysts of variable size. 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 jugular vein, digastric muscle and to other surrounding structures. No intra thoracic 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, hemorrhages (recent and old) and many areas of dystrophic calcification (Fig 2).

DISCUSSION

Branchial cysts, dermoid cysts and epidermoid cysts are the most common benign neck cysts, sometimes oropharyngeal and tonsillar tumors can also present as metastatic cystic masses in the neck³. Presentation of thyroid tissue as a cystic mass in the lateral side of 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 intra-nodular vascularity are more likely to be malignant⁶. Nearly 40% of lymph node metastasis from papil-



Fig 1 — Swelling present in left supra clavicular region of neck (Before surgery)



Fig 2 — Specimen of multicystic swelling (partly solid, partly cystic). Cysts filled with brownish colour fluid, grey white in colour. Cut surface showing areas of hemorrhage & calcification

Department of Surgery, Rajindra Hospital, Patiala 147001

¹MS General Surgery, Associate Professor and Corresponding author

²MS General Surgery, Assistant Professor

³MS General Surgery, Senior Resident

⁴MBBS, Junior Resident

⁵MD (Med), Senior Resident, Department of Medicine, Safdarjung Hospital, New Delhi 110029

lary carcinoma of thyroid can undergo liquefactive degeneration and may present as benign cystic neck swelling⁷. Ultrasound guided FNAC and raised thyroglobulin levels of the aspirated fluid from such 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 lesions of neck. Aspirated fluid thyroglobulin and thyroid transcription factor levels may help to differentiate cystic thyroid carcinomas from benign cystic lesions. In case of benign cystic swelling complete excision is the cure.

REFERENCES

- Seven H, Gurkan A, Cinar U, Vural C, Turgut S — Incidence of occult thyroid carcinoma metastases in lateral cervical cysts. *American Journal of Otolaryngology* 2004; **25**: 11-7.
- Douglas PC, William CF — Cystic lesions of thyroid, Thyroid Cytopathology, Essentials In Cyto-Pathology 2010; **8**: 109-24.
- Nakagawa T, Takashima T, Tomiyama K — Differential diagnosis of a lateral cervical cyst and solitary cystic lymph node metastasis of occult thyroid papillary carcinoma. *Journal of Laryngology and Otolology* 2001; **115**: 240-2.
- Attie JN, Setzin M, Klein I — Thyroid carcinoma presenting as an enlarged cervical lymph node. *American Journal of Surgery* 1993; **166**: 428-30.
- Loughran CF — Case report: cystic lymph node metastasis from occult thyroid carcinoma: a sonographic mimic of a branchial cleft cyst. *Clinical Radiology* 1991; **43**: 213-4.
- Frates MC, Benson CB, Charboneau JW, Cibas ES, Clark OH, Coleman BG, *et al* — Management of thyroid nodules detected at US: society of Radiologists in Ultrasound consensus conference statement. *Ultrasound Quarterly* 2006; **22**: 231-8.
- Tae HJ, Lim DJ, Baek KH, Park WC, Lee YS, Choi JE, *et al* — Diagnostic value of ultrasonography to distinguish between benign and malignant lesions in the management of thyroid nodules. *Thyroid* 2007; **17**: 461-6.

- Wunderbaldinger P, Harisinghani MG, Hahn PF, Daniels GH, Turetschek K, Simeone J, *et al* — Cystic lymph node metastases in papillary thyroid carcinoma. *Am J Roentgenology* 2002; **178**: 693-7.



MBBS/MD/MS

ARMENIA (EUROPE)

YEREVAN STATE MEDICAL UNIVERSITY


(Founded in 1920)

- Leading Government Medical University
- International students from over 30 countries
- 1000 Indian students currently studying
- Regular Indian batches since 1987
- 1100 Professors & 15 Clinical Hospitals
- Free Coaching for the "Screening Test"
- Admission Test for U.G. in June / July
- Post Graduation in 27 Specialities

| Annual Fee: | First Year | 2nd Year & onward |
|-------------------------|--------------|-------------------|
| Under-Graduate Course : | 5500 USD | 5000 USD |
| Post-Graduate Course : | 6500 USD | 6000 USD |
| Hostel Fee : | 600 USD/Year | |

*1 USD = ₹ 48.85 (as on 04th April 2019)

➤ Two Sessions for P.G. Course : October & March



Dr. Daljeet Singh Chauhan

Official Representative of YSMU

D-136, 2nd F, Armenia Street, Anand Niketan, New Delhi - 21

☎ 9810988669, ☎ (011) 2411-02-01

www.ysmu.net



SAROJ GUPTA CANCER CENTRE AND RESEARCH INSTITUTE

MG ROAD, THAKURPUKUR, KOLKATA - 700063

Website : www.cancercentrecalcutta.org

Email : hr@sgccri.org

Phone : 2467-8001/8002, 2453-2781/82/83/9831182951/9831182904

REQUIRES IMMEDIATELY

| | |
|--|--|
| Medical Oncologist | : DM/DNB |
| Full Time/Part Time Radiologist | : MD/DNB |
| Jr. Consultant Radiotherapy | : MD (RT) with 1-2 years experience |
| Sr. Registrar | : Gynecology (MS/DNB) |
| Resident Surgeon | : MS/DNB (General Surgery) |
| Full Time Medical officer | : MBBS |

Interested candidates are requested to meet to the Medical Superintendent between 1 P.M. to 3 P.M. in any working day with the relevant certificates/mark sheet in original along with an application with full bio-data, addressed to :

The Secretary

Saroj Gupta Cancer Centre and Research Institute

M.G. Road, Thakurpukur, Kolkata - 700063