

## Image in Medicine

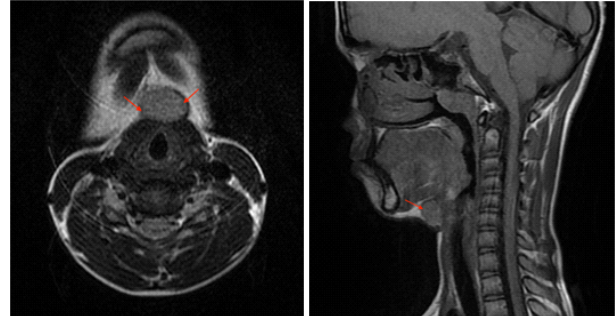
Bhoomi Angirish<sup>1</sup>, Bhavin Jankharia<sup>2</sup>

### Quiz 1

**A 13-year-old female presented with painless midline neck swelling. On clinical examination, the swelling elevates on protrusion of tongue.**

#### Questions :

- (1) What is the diagnosis ?
- (2) What is the locations of this lesion ?
- (3) What are the other differential diagnosis of midline neck swelling ?



#### Answers :

(1) A well defined cystic lesion is seen in midline at the base of tongue ( red arrow). A thin linear track (yellow arrow) is seen which represents failure of normal developmental obliteration of the thyroglossal duct. These findings are suggestive of suprahyoid thyroglossal duct cyst.

(2) The thyroglossal duct cysts can occur anywhere along the course of the thyroglossal duct from the foramen cecum to the thyroid gland. The common locations are : (A) Suprahyoid; (B) At the level of hyoid bone; (C) Infrahyoid How to differentiate this condition from its mimics?

They are typically located in the midline, while those off-midline are characteristically adjacent to the thyroid cartilage.

(3) The common differential diagnosis of midline neck swelling are – brachial cleft cyst, delphian lymph node, epidermoid cyst, thyroid lesions, laryngocele, ranula, parathyroid adenoma, ectopic thyroid.

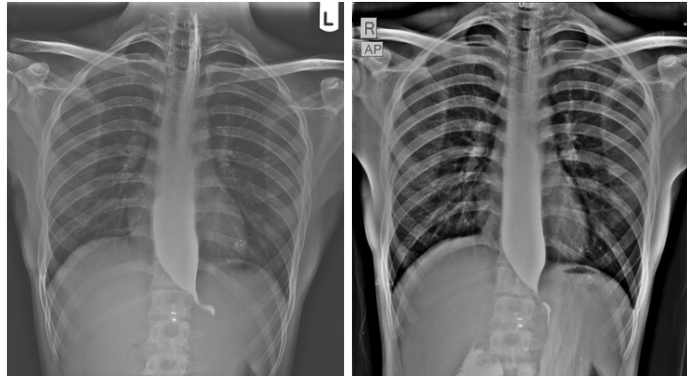


### Quiz 2

**Barium swallow images of a 20 year old male who presented with dysphagia and regurgitation.**

#### Questions :

- (1) What is the diagnosis?
- (2) How to differentiate this condition from its mimics?



#### Answers :

(1) There is significant dilatation of esophagus with smooth tapering seen in the lower esophagus (bird beak / rat's tail sign) suggestive of achalasia.

(2) Achalasia (primary achalasia) results from failure of organized esophageal peristalsis causing impaired relaxation of the lower esophageal sphincter. This is due

to loss/destruction of neurons in the myenteric plexus.

Obstruction of the distal esophagus from other non-functional etiologies, may have a similar presentation and is termed "secondary achalasia" or "pseudoachalasia". Some of the causes of pseudoachalasia are malignancy, scleroderma, esophageal stricture, chagas disease.

Department of Radiology, Picture This by Jankharia,

Mumbai, Maharashtra 400004

<sup>1</sup>MD, DNB (Radiology)

<sup>2</sup>MD, DMRD (Radiology)