

DOI: 10.5152/TurkThoracJ.2019.312

[Abstract:0819] PP-154 [Accepted: Poster Presentation] [Thoracic Surgery]

A Rare Diagnosis in a Patient with Bilateral Lung Nodules - Multiple Ectopic Intrapulmonary Thyroid

Mertay Boran¹, Ertay Boran², Elif Nisa Ünlü³, Aslı Naldemir⁴

¹Department of Thoracic Surgery, Düzce University School of Medicine, Düzce, Turkey

²Department of Anesthesiology and Reanimation, Düzce University School of Medicine, Düzce, Turkey

³Department of Radiology, Düzce University School of Medicine, Düzce, Turkey

⁴Department of Pathology, Düzce University School of Medicine, Düzce, Turkey

Introduction: Ectopic thyroid is a rare developmental abnormality that occurs as a result of aberrant passage of the thyroid along the course of thyroglossal cyst. Ectopic thyroid tissue can be found anywhere along the thyroglossal duct, from the tongue to the mediastinum. Less frequently, thyroid tissue has been reported in the trachea, the heart, the esophagus, the diaphragm, in the duodenum, the biliary tract, the vaginal wall and the sellar region. Bilateral multiple ectopic intrapulmonary thyroid is extremely rare, with only about one cases reported in the literature.

Case Presentation: A 46-year-old woman was referred to the our thoracic surgery outpatient clinic due to bilateral pulmonary nodules with a one-year history of endometrioma and previous history of partial thyroidectomy performed at the age of 18 years. Her thyroid laboratory tests (TSH 2.091, ST3 3.64, ST4 0.81, chromogranin <2 pg/mL, anti-TPO 0.3 IU/mL, thyroglobulin 7.94 ng/mL) were normal. Thorax CT showed a significant contrast enhancement of 1.4 cm x1.2 cm nodüle in the right lower lobe posterobasal segment, and a 10x9 mm nodule with contrast enhancement in the left lingula superior. Peripheral subpleural perifissural lymph nodes, not more than 5 mm in the right anterior lobe, lower lobe superior, middle lobe lateral basal segment were observed. PET CT reported SUD maks as 2.1 for two nodular lesions. Right VATS-wedge resection for the largest pulmonary nodule was performed. The pathological evaluation showed that nodule was consisted of follicular thyroid cells. 5 m Technetium 99 pertechnetate Thyroid scintigraphy was within normal limits. Thyroid Ultrasonography was performed and the thyroid gland parenchyma revealed a heterogeneous isoechoic nodule of 12x17 mm in the right lobe and several cystic necrotic contents of 13x18 mm in the left thyroid lobe. The pathology of thyroit glands nodules biyopsis revealed regressed colloid nodules. Postoperative 9th month follow-up thorax CT showed no progression of the nodule in left lung lingula.

Conclusion: Multiple ectopic intrapulmonary thyroid is extremely rare and pulmonary metastases were initially considered as the most likely cause of the multiple pulmonary nodules. Ectopic intrapulmonary thyroid tissue should be carefully monitored due to the risk of malignancy.

Keywords: Ectopic tissue, thyroid gland, thyroid nodules