Answer of the Last Issue's Case Question

Geçen Sayının Bilmece Olgusunun Yanıtı

Lingual Thyroid

Lingual Tiroid

*Fatih SARI, MD, **Selvet ERDOĞAN, MD, **Selçuk UÇAR, MD

* Kocaeli University Medical Faculty, Department of Otolaryngology and Head and Neck Surgery,
 ** İzmit State Hospital, Clinic of Otolaryngology and Head and Neck Surgery, Kocaeli

Keywords

Thyroid gland; lingual thyroid

Anahtar Sözcükler Tiroid bezi; lingual tiroid

Çalışmanın Dergiye Ulaştığı Tarih: 18.02.2013 Çalışmanın Basıma Kal

Çalışmanın Basıma Kabul Edildiği Tarih: 06.09.2013

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Correspondence

Fatih SARI, MD

Kocaeli University Medical Faculty,
Department of Otolaryngology and Head and Neck Surgery,
41380 Umuttepe, Kocaeli, TÜRKİYE
E-mail: fatihsari84@hotmail.com

ctopic thyroids are rare lessions, with a reported prevalence between 1 per 100,000 to 300,000 population. Ectopic thyroids are trapped thyroid tissue anywhere along the embryologic thyroglossal tract between the foramen cecum of the tongue to the anterior of the thyroid cartilage by the failure of descent of the thyroid anlage early in its embryogenesis.² Lingual thyroid is ectopic thyroid tissue at the base of the tongue in the midline.³ Generally, they present as an asymptomatic mass in the posterior tongue. However the clinical presentation varies according to the location and function of the ectopic thyroid1 such as dyspnea, dysphagia, dysphonia, stridor, fullness of throat and obstructive sleep apnea.4 Magnetic resonance imaging, computerized tomography, ultrasounography, thyroid scintigraphy and thyroid function tests can help the clinician for diagnosis of lingual thyroid. Therapeutic options in symptomatic patients include surgical excision and suppression using exogenous thyroid hormone.² It is important to ascertain the presence or absence of thyroid tissue elsewhere in the neck before planning surgical excision.⁵

Our patient was referred to our clinic with an asymptomatic mass in the posterior tongue. Her past medical history was insignificant. Her mother denied receiving any medications during pregnancy. On physical examination a reddish tongue base mass was noticed. Radiological and nuclear medicine studies revealed that the mass was lingual thyroid and there was no detectable thyroid tissue elsewhere in the neck. Her thyroid function test results were in normal limits.

By physical examination and radiological imaging, the diagnosis was lingual thyroid. No surgical intervention was performed and the patient was planned to be followed-up by pediatric endocrinology and otolaryngology departments.

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