A SUBHYOID MEDIAN ECTOPIC THYROID*

BY

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An extensive literature exists on the anomalies of the thyroglossal duct and of lateral aberrant thyroid tissue. Apart from lingual thyroid the median ectopic gland receives little attention. The following is an example of a median subhyoid ectopic thyroid.

At intervals the boy reports and in August, 1956 (Fig. 1) he had grown normally and the thyroid had increased to 3 cm. in diameter. He continued to develop and left school at 15 to become a butcher's apprentice. The thyroid is now (June, 1958), 4 cm. in diameter (Fig. 2).

FIG. 1.—Frontal and profile views of median ectopic thyroid in August, 1956.

Case Report

In the summer of 1953 W.C.D. (born June 24, 1942) attended as a surgical out-patient. He had a midline subhyoid swelling 2 cm. in diameter, present since birth and like a thyroglossal cyst. Over the years it had increased in size in proportion to his general growth. His development was normal for an 11-year-old and his parents and older sister had no defects.

At operation on December 5, 1953, the swelling was exposed by a transverse incision. It was not a thyroglossal cyst but a normal thyroid gland and this was confirmed by vertical splitting. Behind the main swelling was a small 3 mm. gland which appeared to be a parathyroid. The normal thyroid site showed no sign of a gland and the median subhyoid swelling was left undisturbed.

FIG. 2.—Frontal and profile views of median ectopic thyroid in June, 1958.

* A paper read at the meeting of the British Association of Paediatric Surgeons held in London in July, 1958.

Discussion

The median cervical aberrant thyroid receives little attention. Gross (1953) noted three cases in Boston Children's Hospital. All were identified as thyroglossal cysts until operation. They were left but the cosmetic result was improved by splitting the gland in half and burying the halves beneath their respective sternohyoid muscles. Werner (1955) suggested a classification of median aberrant thyroids and on this basis the present patient had a subhyoid median ectopic thyroid. That this anomaly is uncommon is shown by Levitt's (1956) experience. In his long series of normal and abnormal thyroids he saw no median subhyoid glands. The only treatment which this boy might require would be to split the gland and bury the two halves beneath the sterno-

hyoid muscles. This would resolve any shaving difficulties !

Summary

A boy aged 11 years had a median subhyoid ectopic thyroid gland which was believed to be a thyroglossal cyst. He had no other thyroid tissue but has developed normally and the gland has increased in size in proportion to his body growth.

Mr. Murray Eittle, Department of Surgery, Queen's College, did the photography.

REFERENCES

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