
A 39-year-old woman presented to a day hospital with a midline neck mass that had been evident for 3 - 4 years. Clinically the patient was euthyroid.

Ultrasound showed a solid midline neck mass. Fine-needle aspiration cytology was performed, but was inconclusive and the patient was referred to a tertiary institution for further imaging.

A computed tomography (CT) scan of the neck revealed a well-circumscribed midline neck mass, anterior to the hyoid bone, with the same enhancement characteristics as normal thyroid. There was also a normal thyroid present (Figs 1a and 1b).

A 99m Tc-pertechnetate thyroid scan showed a normally located and functioning thyroid gland as well as midline ectopic thyroid tissue (Fig. 2).

Ectopic thyroid tissue may be encountered in the tongue, anywhere along the midline from the foramen caecum at the base of the tongue to the normal position of the thyroid, mediastinum, lateral neck and oral cavity.¹

Prevalence of ectopic thyroid tissue is between 7% and 10% with lingual thyroid accounting for 90% of these cases.² Although very rare, the most common location for extralingual ectopic thyroid tissue, is the thyroglossal duct in the anterior

**Clinical Images**

**Unusual midline neck mass**

H B Louw, M Pienaar, G Dekker, S Andronikou, S Hlongwane, K Naidu

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**Fig. 1a. Axial CT scan of the neck showed a well-circumscribed midline neck mass anterior to the hyoid bone with the same enhancement characteristics as normal thyroid (arrow – ectopic thyroid tissue).**

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In 75% of cases this is the only functioning thyroid tissue. Preoperatively it is very important to demonstrate all functioning thyroid tissue via scintigraphy as a standard procedure so that the patient is not left hypothyroid postoperatively.


