Thyroglossal Tract Cyst in a 47-Year-Old Adult: A Case Report.

Introduction

Thyroglossal tract cyst (TTC) is a congenital cervical malformation resulting from persistence of the thyroglossal tract during the embryological descent of the thyroid gland. It is usually diagnosed in childhood but may remain asymptomatic for several decades and be discovered in adulthood. Secondary infection can lead to a recent increase in the size of the lesion.

We report the case of a 47-year-old patient presenting with a longstanding cervical swelling that had recently increased in size.

Materials and Methods

This is a descriptive clinical case report conducted at the National Hospital Center of Nouakchott.

Clinical, radiological, and intraoperative data were collected from the patient's medical record. A cervical CT scan with and without contrast injection was performed to characterize the lesion and define its anatomical relationships.

Surgical excision was performed according to the Sistrunk procedure. The surgical specimen was sent to the pathology laboratory for histological examination.

Case Report

The patient was a 47-year-old man with no significant past medical history, presenting with an anterior cervical swelling present since childhood, which had increased in size over approximately the previous two months.

Clinical examination revealed a well-defined, midline anterior cervical mass, firm to hard in consistency and non-tender, with no palpable cervical adenopathy.

Cervical CT showed a multiloculated cystic lesion measuring 38 × 22 mm, located opposite the thyroid cartilage, in a midline position with right paramedian extension. There was no infiltration of adjacent structures and no cervical adenopathy. The thyroid gland and salivary glands appeared normal. These findings were consistent with a thyroglossal duct cyst.

A Sistrunk procedure was performed. Intraoperative exploration revealed a cystic formation containing purulent material, suggestive of secondary infection despite the absence of clinical pain.

The surgical specimen was sent for histopathological analysis, the results of which are pending.

Discussion

TTC may persist for several decades before becoming symptomatic. Its discovery at 47 years of age represents a late presentation.

In our case, the recent increase in swelling size and the finding of purulent material during surgery pointed toward an infectious complication, despite the absence of pain and of overt radiological signs of infection.

In adults, a midline cervical mass should prompt consideration of several differential diagnoses, particularly thyroid lesions, adenopathy, and tumoral lesions. In this case, the clinical and CT findings were consistent with a TTC, with no signs of infiltration or suspicious adenopathy.

The Sistrunk procedure is the standard surgical treatment for TTC. It involves excision of the cyst, the thyroglossal tract,, and the central portion of the hyoid bone. This extended resection allows removal of duct remnants and reduces the risk of recurrence compared with simple cyst excision.

UNDER PEER REVIEW IN IJAR

Histopathological examination remains essential after excision to confirm the diagnosis, identify any inflammatory changes, and screen for possible malignant transformation.

Conclusion

Thyroglossal Tract cyst can be discovered late in adulthood after a long clinical course. This case highlights the value of imaging and of the Sistrunk procedure in the management of a midline cervical mass.

The histopathological result will allow definitive confirmation of the diagnosis.

UNDER PEER REVIEW IN IJAR