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Intratracheal thyroid

by

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Introduction

The presence of thyroid tissue within the trachea may be due to ectopia or to invasion by thyroid cancer (Donegan and Wood, 1985).

This paper describes an incidental finding at autopsy of large plaques of ectopic thyroid tissue in the trachea.

Report of a case

In June 1983, a 77-year-old man was hospitalized because of acute pancreatitis. The patient died in shock the following day.

Autopsy was performed. An incidental finding was the presence of large plaques of ectopic thyroid tissue in the mucosa and submucosa of the trachea and in particular on its anterior wall (Figs. 1 and 2). Microscopic examination revealed ectopic thyroid tissue of normal pattern (Fig. 3).

Discussion

Total thyroid ectopia is rare and occcurs approximately once

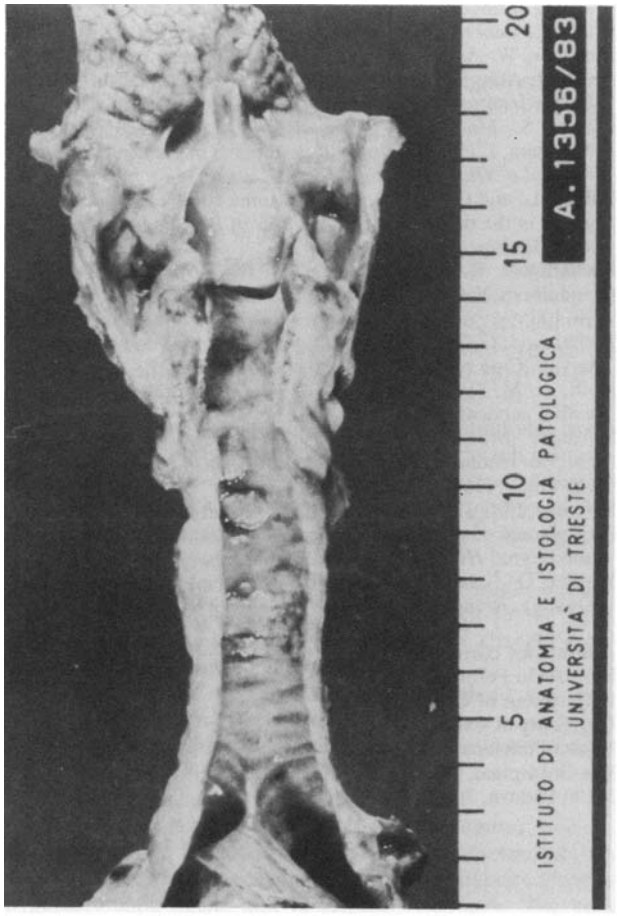


FIG. 1
Post-mortem tongue, larynx and trachea. Large plaques of ectopic thyroid tissue are present in the anterior wall of the trachea.

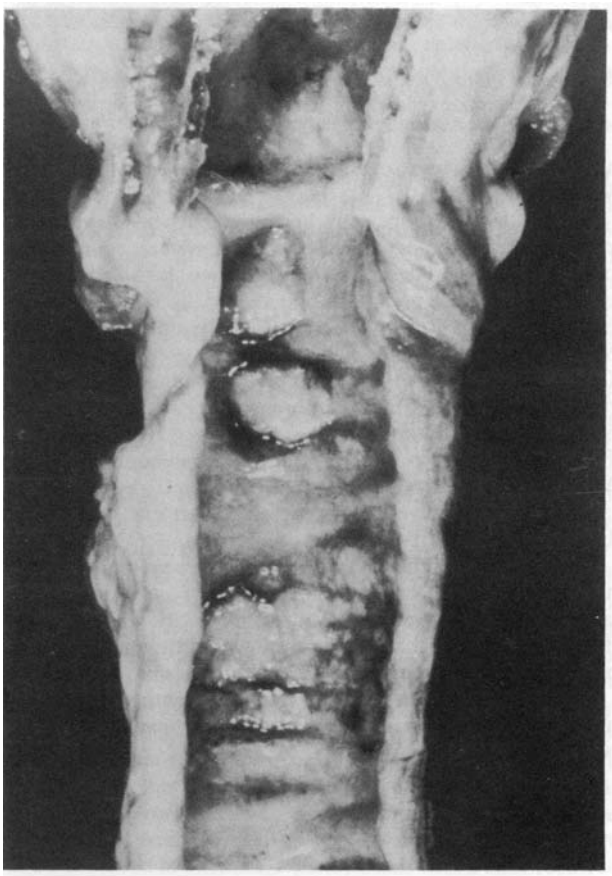


FIG. 2
A detail of Fig. 1.

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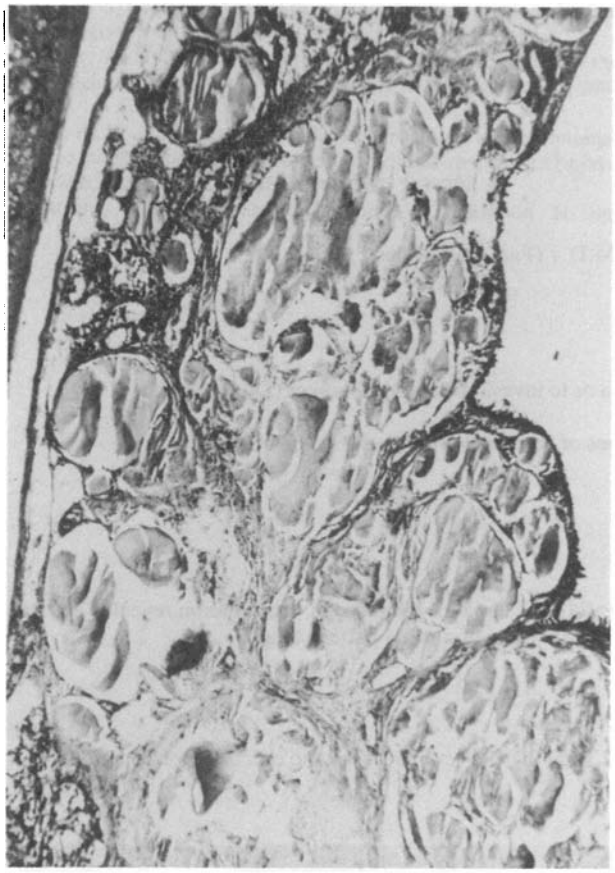


FIG. 3

Heterotopic thyroid tissue in trachea showing benign thyroid follicles. (Haematoxylin-Eosin, Original Magnification, ×10).

in 4,000–8,000 cases of thyroid pathology (Haffly, 1976; Weider and Parker, 1977).

Ectopic thyroid tissue may be found anywhere along the course of the thyroglossal duct tract. In particular ectopic thyroid tissue has been described in the tongue, both lingually or sublingually (Weider and Parker, 1977), the submandibular region (Helidonis *et al.*, 1980), the cervical lymph nodes (Roth, 1965), the larynx (Richardson and Assor, 1971), the trachea (Donegan and Wood, 1985), the cervical esophagus (Postlethwait and Detmer, 1975), the diaphragm (Meissner and Warren, 1969), the mediastinum (Salvatore and Gallo, 1975), the heart (Pollice and Caruso, 1986) and the common bile duct (Meissner and Warren, 1969). Normal ectopic thyroid tissue has also been reported in thyroglossal duct cyst specimens (Lanza and Ferlito, 1985).

The occurrence of thyroid tissue in the trachea is rare and the mass may produce symptoms of respiratory obstruction, in particular when it involves the subglottic larynx. The presence of thyroid tissue in the trachea has to be differentiated from malignant neoplasms and tracheal goiter that may be difficult.

In the case reported here the lesion was entirely asymptomatic and it was discovered incidentally at autopsy. The thyroid tissue was histologically benign.

It is important to stress that ectopic tissue has the same potentialities as normally situated glands (Okstad *et al.*, 1986) and ectopic thyroid carcinomas have been reported (LiVolsi *et al.*, 1974; Sweeney *et al.*, 1981). Also cysts and nodular goiter may arise from ectopic thyroid remnants.

The differential diagnosis between cancer arising in ectopically placed thryoid tissue and a small occult primary cancer of the thyroid gland poses often unsurmountable diagnostic difficulties to both clinician and pathologist.

Abstract

A case of intratracheal ectopic thyroid tissue in the absence of clinical symptoms is described. It was an incidental finding observed at autopsy.

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