

# Thyroglossal Duct Carcinoma: A Rare Entity

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## **SUMMARY**

Thyroglossal duct cysts (TDC) are the most common anomaly in thyroid development. It contributes around 70% of midline masses presenting in childhood and 7% in adulthood. Carcinoma arising from a thyroglossal duct cyst is a rare complication affecting less than 1% of cases, with the majority of the primary carcinoma to be papillary carcinoma. **Case Presentation:** We highlight a case of a 30-year-old man who presented with anterior neck swelling for a month which gradually increased in size. Subsequently post Sistrunk procedure with thyroid gland preservation, he was diagnosed with papillary carcinoma within a thyroglossal duct cyst. He recovered well with no evidence of recurrence with normal blood parameters after one year of follow-up. Overall, three-quarters of TDC carcinomas were diagnosed as incidental findings on final pathologic analysis. History and examination findings, in addition to imaging, such as USG or CT scans, are important workups for TDC. Imaging with tissue cytology such as FNA is always mandatory in order to evaluate the morphology of the nodule and presence of suspicious features of malignancy. The treatment of TDC carcinoma remains controversial among surgeons, with the concern of perseveration of the thyroid gland. The Sistrunk procedure is the gold standard for removal of TDC in literature. In general, patients are treated accordingly based on the risk assessment of different individuals. Clinicians should be aware of the incidence of this disease, and thorough history and examinations should be done. Surgery remains the mainstay of treatment for TDC. A multidisciplinary approach should be considered to safely identify high-risk patients who require a more aggressive treatment approach and follow-up.