Letter to the Editor

More on the management of lateral neck ectopic thyroid tissue

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We read with interest the review article by Ibrahim and Fadeyibi¹ and have the following comments regarding the evaluation of lesions in ectopic thyroid. Although the authors¹ point out that fine needle aspiration cytology (FNAC) is important when malignancy is suspected, in lateral neck ectopic thyroid tissue, without subsequent surgical resection,² our group³ and others^{4,5} have recommended the management of similar lesions in a different manner. While ultrasound-guided FNAC is generally accepted as a good tool for the diagnosis of non-pathological ectopic thyroid tissue in the neck,⁴ FNAC may be a source of diagnostic pitfalls for the cytopathologists in cases of co-existing malignancies.⁴ There are in fact reports describing neck malignancies which were initially evaluated by FNAC as being benign ectopic thyroid tissue and later proved to be papillary thyroid microcarcinomas.⁵ This is very important in view of the reported existence of primary papillary

and follicular cancers arising only in an ectopic neck thyroid, with or without orthotopic thyroid gland.^{6,7} It thus appears that the correct differentiation between benign and malignant lesions may be reliably established only through rigorous criteria via histological assessment of surgically excised tissue blocks from the ectopic thyroid.³ Indeed, in order to exclude malignancy, nuclear characteristics such as ground-glass appearance, irregularity of nuclear contours, grooves and pseudo-inclusions and capsular rupture and/or vascular invasion should be excluded through a detailed histopathological analysis.³

In short, FNAC should be used for the preoperative diagnosis of neck thyroid tissue.³⁻⁵ Moreover, regardless of the aspects (cosmetic reasons, when the swelling is symptomatic and does not respond to replacement therapy, or if malignancy is suspected) that indicate surgical resection of lateral neck ectopic thyroid as described by the authors,¹ the recommended definitive treatment of these lesions is surgical excision with histopathological evaluation,³⁻⁷ while a substitution treatment with thyroxine must be carried out when necessary.^{3,7}

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