Obstructive ectopic intratracheal thyroid
Tiroides ectópico intratraqueal obstructivo

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A 38-year-old woman, smoking 20 packages-year, with a 2-year history of refractory asthma with gradually worsening respiratory symptoms. An audible stridor recently appeared together with a plateau in the spirometry, suggestive of fixed obstruction.

An audible stridor recently appeared together with a “plateau” in the spirometry, suggestive of fixed obstruction. Bronchoscopy was performed displaying a subglottic mass with even edges and polypoid aspect obstructing the 80% of the airway (Fig. 1). Biopsy could not be carried out due to the patient’s intolerance to the examination and the elevated vascularization.

CT-scan was performed (Fig. 2), showing a rounded mass, well defined, of 2 cm (longitudinal axis) × 1.6 cm × 1.3 cm (axial plane) that enhanced after intravenous contrast. There was no evidence of regional invasion. Euthyroid state was confirmed.

Transoral exeresis was impossible because of the difficult exposure and the high rate of vascularization. The mass was totally dissected through a vertical tracheal-fissure. There was no macroscopic evidence of communication between thyroid gland and the tumor. Histopathology confirmed the benignity.

The patient, one year follow up, is currently asymptomatic and without evidence of tracheal stenosis in control CT.

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Figure 1
Ectopic intratracheal thyroid (EITT) represents 1–7% of all primary intratracheal tumors. Since 1875, there have been at least 130 cases of EITT described. Most have been reported in women from the endemic goiter regions, 75–90% of cases being related to it.

EITT should be always considered in the differential diagnosis of patients with chronic progressive airway obstruction who are not responding to treatment.

The treatment must always be individualized. To date, no recurrence of this condition has been reported.