

European Respiratory Society Annual Congress 2012

Abstract Number: 4728

Publication Number: P1269

Abstract Group: 11.2. Pleural and Mediastinal Malignancies

Keyword 1: Mediastinal tumour **Keyword 2:** Lung cancer / Oncology **Keyword 3:** Imaging

Title: Ectopic heterotopic mediastinal thyroid tissue mimicking lung cancer

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Body: **OBJECTIVE:** Ectopic intrathoracic thyroid is a very rare presentation of a mediastinal mass, comprising 1% of mediastinal tumors and can be distinguished from restosternal goiter or secondary intrathoracic goiter from the fact that the former receives its blood supply from mediastinal vessels rather than the neck and is not connected to the cervical thyroid. We present a series of 9 patients with heterotopic mediastinal thyroid mimicking lung cancer. **MATERIAL:** Nine patients, 5 male and 4 female ranging in age between 56 and 79 years were admitted at our hospital. All patients but two were asymptomatic. Chest radiography revealed a mass in the superior middle or posterior mediastinum, in 2 cases with tracheal deviation. CT scan revealed a mass and further investigation took place with MRI. Preoperative staging was negative for metastatic disease in all cases and ultrasonography, scintigram and I131 uptake precluded the possible existence of thyroid tissue. Thyroid function tests were also normal. **RESULTS:** All patients were led to surgery and were submitted either to lateral mini-thoracotomy (n=5), or cervical incision (n=3) or thoracoscopy (n=1). In all cases there was an encapsulated mass with blood supply from intrathoracic vessels and histopathology revealed thyroid. The postoperative course was uneventful and no recurrence was observed in a follow up of 2 months to 4 years. **CONCLUSION:** Although malignant transformation in heterotopic thyroid tissue is extremely rare, these masses should be resected in order to put the diagnosis and to avoid later complications such as progressive enlargement, hemorrhage within the mass causing respiratory failure, and compression of vital mediastinal organs.