

MISINTERPRETATION OF A SOLITARY CYSTIC LESION IN THE LATERAL COMPARTMENT OF THE NECK

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Background/Purpose: Interpretation of a cystic lesion at the lateral neck may be difficult, especially if it is solitary. The distinction between a benign cervical cyst and a lymph node metastasis with cystic degeneration by ultrasound is not always easy. Metastases of papillary thyroid cancer usually occur in cervical lymph nodes. Most papillary thyroid microcarcinomas (PTMC) have an excellent prognosis. The incidence of lymph node metastasis for PTMC in the central compartment is 2 % for tumors ≤ 0.5 cm

Methods: We present a case of a 44 year old man with a cystic mass at the lateral neck on the right side since years. Fine needle aspiration showed no malignant cells. The lesion was removed by a head and neck surgeon. Final histology showed a cystic lymph node metastasis of a papillary thyroid cancer.

Results: The additional MRI of the neck and the ultrasound of the thyroid showed a small lesion at the upper pole of the right thyroid lobe. We performed total thyroidectomy, lymphadenectomy in the central compartment on both sides and a modified neck dissection on the right side. In the upper pole of the right thyroid the pathologist found a PTMC with a diameter of 3mm. One additional lymph node metastasis was found in compartment VI. No metastasis was found in the central compartment. Final histological stage was pT1a pN1 (2/24) L0 V0 Pn0 R0. Treatment was completed with a RAI ablation after surgery.

Discussion & Conclusion: A solitary lesion at the lateral neck is not always a benign cervical cyst. A metastasis of a papillary thyroid carcinoma should be taken in consideration.