

CERVICAL BRONCHOGENIC CYSTS MIMIC METASTATIC LYMPH NODES DURING THYROID CANCER SURGERY

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Background/Purpose: Although congenital bronchogenic cysts in the cervical region, especially in the thyroid or perithyroidal area, are rare, distinguishing them from other cervical cystic lesions (e.g., thyroglossal duct and branchial cleft cysts) and metastatic cervical lymph nodes is difficult preoperatively. Additionally, cystic degeneration of metastatic lymph nodes is common in patients with thyroid cancer. We investigated the clinical characteristics and proper treatment for individuals with cervical bronchogenic cysts.

Methods: Three males and 15 females (mean age, 52.6 years; range, 37 to 69 years) with pathologically confirmed bronchogenic cysts were enrolled. Preoperative neck ultrasound and computed tomography (CT) were performed for thyroid evaluation, and thyroid cancer was confirmed by fine needle aspiration cytology. Extent of thyroidectomy and lymph node dissection was determined using American Thyroid Association guidelines.

Results: All cervical bronchogenic cysts were asymptomatic. Their mean size was 1.25 cm (range 0.3 to 3 cm). Of the 18 patients, 16 had cysts in the thyroid and paratracheal areas. On preoperative imaging and intraoperatively, most were indistinguishable from metastatic cervical lymph nodes or other cystic lesions.

Discussion & Conclusion: Although cervical bronchogenic cysts are rare and benign, they should be distinguished from other cystic cervical masses, especially metastatic cervical lymph nodes associated with thyroid cancer. Possible cervical bronchogenic cysts found during thyroid cancer evaluation or surgery should be surgically excised.