An Ectopic Intrathyroidal Thymic Tissue
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Conclusion
Intrathyroidal ectopic thymic tissue and papillary thyroid cancer (PTC) may have similar ultrasound (US) features. Therefore thymic tissue can be mistaken for PTC. Increased awareness of this unique mimicry may help to avoid unnecessary invasive investigations and surgery in these young patients.

Introduction
Ectopic thymic tissue presents as a cervical mass along the line, which is the path of normal thymic descent. Ectopic intrathyroidal thymus tissue that may present as a thyroid nodule is rarely reported. We describe a case of a 14-year-old child with a thyroid nodule found pathologically to be ectopic thymic tissue.

Case Report
A 14-year-old boy were referred us with a thyroid nodule. Thyroid ultrasound showed a heterogeneous hypoechoic thyroid lesion with irregular borders and punctuate areas of increased echogenicity (Figure 1). With the suspicion of papillary carcinoma, in order to search for possible lymphadenopathies, contrast enhanced computed tomography of the neck was performed, which revealed a hypodense ovoid lesion within the left lobe of thyroid and no enlarged lymph nodes in the neck (Figure 2). FNAB of the lesion revealed atypical lymphoid infiltrate (Figure 3). The patient underwent left thyroid lobectomy. Histopathologically, surgical specimen demonstrated characteristics of intrathyroidal thymic tissue.

Discussion
Thyroid nodules in children are uncommon. Their incidence has increased over the last decades. The management of a thyroid nodule in a child includes ultrasonography and depending on a sonographic findings and clinical history, US guided FNA and/or hemithyroidectomy.

A rare cause of a thyroid lesion is ectopic thymic tissue. There are ten case reports in the literature describing the management of intrathyroidal thymic tissue in children, which are usually discovered incidentally. In four of these cases, hemithyroidectomy was performed. However Durmaz et. al. suggested that surgical intervention may be necessary if malignancy cannot be ruled out. In our case we performed hemithyroidectomy to exclude the malignancy. Histopathologically the specimen was consistent with intrathyroidal thymic tissue.