

## Hemoptysis caused by ectopic lingual thyroid

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**Abstract:** A 26-year-old man was referred to emergency department complaining of hemoptysis. Imaging studies showed ectopic lingual thyroid.

**Keywords:** Ectopic lingual thyroid; hemoptysis

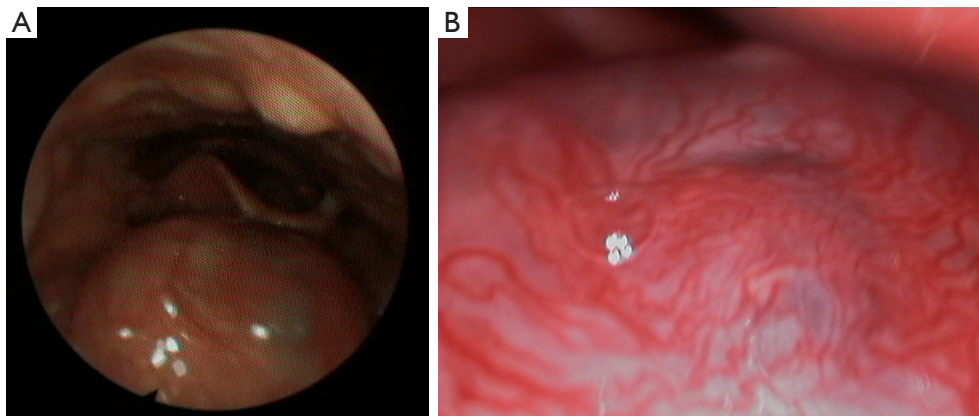
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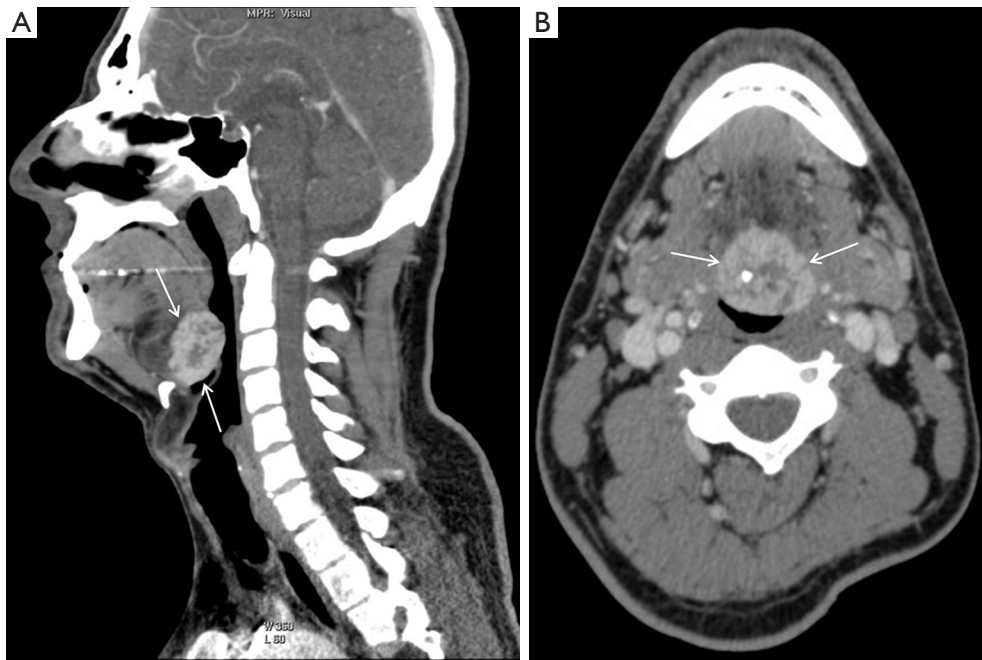
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A 26-year-old man was referred to emergency department complaining of hemoptysis. Flexible and rigid endoscopic examination revealed that a midline smooth and reddish mass at the base of the tongue (*Figure 1*). An enhanced computer tomography (CT) examination showed that a hyperdense soft tissue mass lesion, which contain cystic and calcific areas (*Figure 2*). CT examination also revealed that absence of normal thyroid gland at usual site. Magnetic resonance imaging (MRI) exam revealed that well defined

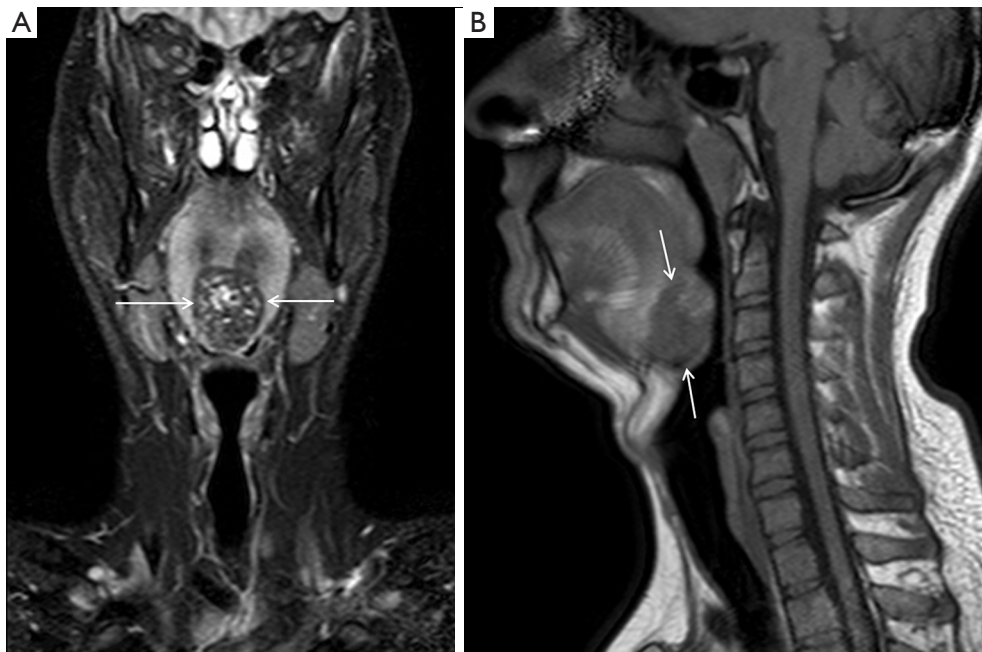
mass with no invasive features; signal characteristics include iso to muscle in T1-weighted and hypo to iso to hyperintense to muscle on T2-weighted images (*Figure 3*). CT and MRI examination findings consisted with ectopic lingual thyroid. The lesion was excised at open surgery. Histopathology section of ectopic thyroid tissue shows hyalinization, calcification and hemorrhage (*Figure 4*). A lingual thyroid is a rare anomaly representing faulty migration of normal thyroid gland and a specific type



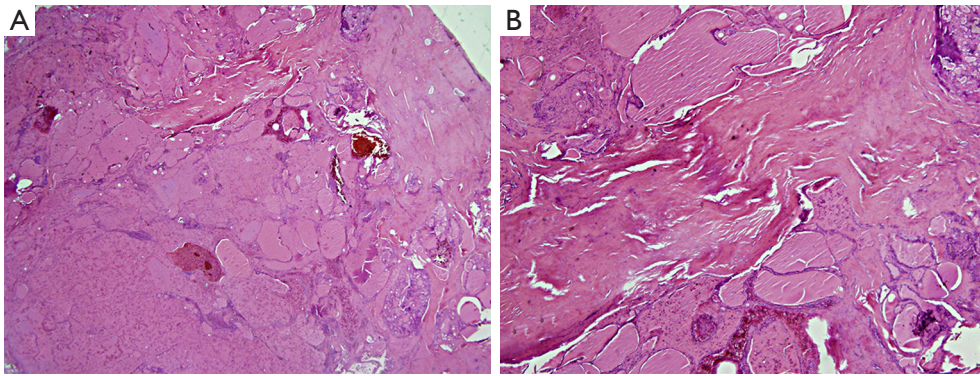
**Figure 1** Flexible (A) and rigid (B) endoscopic images show mass lesion at the base of the tongue.



**Figure 2** Sagittal (A) and axial (B) CT scan with i.v. contrast showing a well-defined mass with distinct margins localized at base of tongue with absence of normal thyroid. CT, computer tomography.



**Figure 3** Coronal fat-sat T2-weighted (A) and sagittal T1-weighted (B) images showing lingual thyroid.



**Figure 4** Histopathology section of lesion with hematoxylin and eosin stain with  $\times 40$  (A) and  $\times 20$  (B) magnification.

of ectopic thyroid. Many patients are asymptomatic and the diagnosis is made incidentally either as a result of imaging the tongue or attempting to image the thyroid and noting that it is absent. Dysphagia and dysphonia are common presenting symptoms. Differential diagnosis

includes posterior midline neck mass such as lingual tonsil, thyroglossal duct cyst, malignancy, haemangioma and dermoid.

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