

Peer Review File

Article information: <https://dx.doi.org/10.21037/aot-23-2>

Reviewer A

Authors have done a good work. Interesting case presentation and quite relevant. However, there are some minor suggestions as follows:

Comment 1: Line 31 - change the word "roundish" - would suggest using a more professional term.

Reply 1: Amended

Changes in text:

- word "roundish" deleted (line 31)

Comment 2: Line 32-34 - would incorporate the US and histopathological image in the case. It is important to demonstrate the histology at least.

Reply 2: Amended, details and figures of the FNAC finding, and the final pathology of the specimen included; also 3 more figures are added

Changes in text:

- (line 33-34) Fine needle aspiration cytology (FNAC) showed piece of thyroid tissue with colloid-containing thyroid follicles. These follicular cells are positive for Thyroid Transcription Factor-1 (TTF-1) immunohistochemically. (Figure 1)
- (line 48) Thyroid tissue is demonstrated in the excised specimen (Figure 6). Pathology thus, confirmed the diagnosis of benign ectopic thyroid in the lateral neck region.
- (line 50) Histologically, Nuclear features of papillary thyroid carcinoma, with nuclear grooves and nuclear pseudo-inclusions are readily seen. (Figure 7)

Comment 3: Line 35- CT image needs pointing arrows for the concerned mass.

Reply 3: Amended, arrows added to the figures

Changes in text:

- (line 37) less than 1 cm in diameter over both lobes as shown by arrows

Comment 4: Authors should also present the thyroid profile test to support the findings.

Reply 4: Amended

Changes in text

- (line 30) Latest blood test showed a normal serum level of thyroid stimulating hormone at 0.96 uIU/mL

Comment 5: If possible and the word limit allows, would also compare the lateral aberrant thyroid with other ectopic thyroid like mediastinal and how it is diagnosed and managed differently if there is any difference. Reference ([https://www.amjmedsci.com/article/S0002-9629\(19\)30255-1/pdf](https://www.amjmedsci.com/article/S0002-9629(19)30255-1/pdf))

Reply 5: Another short paragraph added in the end for the discussion. Suggested reference article cannot be assessed, similar articles are found.

Changes in text

- (line 77): Apart from the treatment of lateral aberrant thyroid, the proposed staged surgical

approach can also be applied to management of thyroid ectopia in any part of the body, in gallbladder (reference), anterior mediastinum (reference), and even in the heart, in the right ventricle (reference). Usually asymptomatic and noted as an incidental finding, thyroid ectopia may present as a growing lump with pressure symptoms. Imaging alone therefore has limited use. Regal M et al performed a midline partial sternotomy with en-bloc excision of a 5 cm mediastinal mass for diagnostic confirmation. Whereas, Comajuan et al also carried out an exploratory cardiac surgery with a tricuspid valve replacement after excision of an intracardiac mass. Histopathology eventually confirmed the diagnosis of ectopic thyroid tissue without evidence of malignancy in both cases. Subsequent workups in these cases included a targeted ultrasound of thyroid and thyroid function test, which was normal. Not surprisingly, the differential of thyroid ectopia was not included in both cases. Overall, thyroid ectopia indeed is a rare disease but should well be considered in the list of differential diagnosis. Preoperative ultrasound of the thyroid gland would facilitate the postoperative care of a patient when an ipsilateral or total thyroidectomy has to be discussed if malignancy is eventually confirmed. Overall, the proposed staged surgical approach could be applied in any cases of thyroid ectopia.

-