

**HYDATID CYST OF THYROID: AN UNUSUAL CAUSE OF STRIDOR**

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**ABSTRACT:** A rare case of hydatid cyst of the thyroid is reported, which presented with slow growing swelling of neck in thyroid region since two years and severe dyspnoea and stridor since 8 days. She was posted for emergency tracheostomy with provisional diagnosis of multinodular thyroid goitre. During surgery multiple hydatid cysts in left lobe of thyroid were found and all cysts were removed. Dyspnoea and stridor were relieved post-operatively. Pre-operative diagnosis of this condition is difficult; diagnosis is usually made at the time of Surgery.

**Key Words:** Midline cervical cleft, Associated anomaly, Management

**INTRODUCTION**

Hydatid disease has world wide distribution and is endemic in India. About 70% of cases are found in liver. 15% in lungs and rest 15% in other organs.<sup>1</sup>

A case of hydatid cyst of thyroid is reported for its rare site and an unusual cause of stridor.

**CASE REPORT**

A 55 year old female presented with complaints of slow growing neck swelling in midline since 2 yrs, difficulty during respiration and change in voice since 8 days and noisy respiration since 1 day.

Retrospective history revealed presence of sheeps and dogs in the family.

On examination, patient was anxious, afebrile, respiratory rate of 40/min with inspiratory stridor, mild peripheral cyanosis, patient was comfortable in sitting posture. There were no features of thyrotoxicosis. Neck examination revealed a multilobular swelling on left side on neck crossing the midline and reaching up to suprasternal notch. It was moving with deglutition. On palpation it was multinodular and firm in consistency. Kocher's test was positive Rest of examination was not significant.

X-ray neck (AP and lateral view) revealed shifting of trachea to right side with decreased air shadow in the trachea (Figure 1). X-ray chest did not reveal any abnormality. Ultrasonography of neck revealed multiple cysts in thyroid gland. Post-operative ultrasonography of abdomen was within normal limits. Pre-operative diagnosis of multinodular thyroid goitre compressing trachea was made. An emergency tracheostomy was planned to relieve patient from dyspnoea.



**Figure 1:** X-ray Neck lateral view showing decreased air shadow in trachea.

Patient was extremely restless in supine position so tracheal intubation was not possible. Local anaesthesia (1% xylocaine with adrenaline) was infiltrated in the neck but patient had respiratory arrest and immediate endotracheal intubation was done and surgery completed.

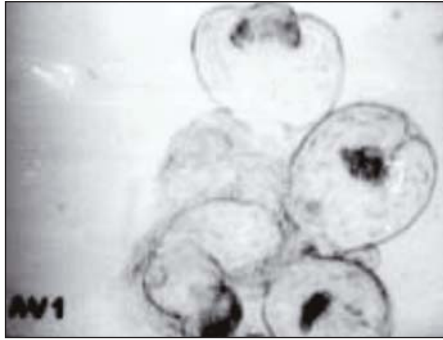
On exploration of neck multiple hydatid cysts in left lobe of thyroid lobe were seen. All cysts were removed. Tracheostomy was not done. Patient was comfortable post operatively and was discharged from the hospital after 1 wk.

Histopathology examination of cyst revealed brood capsule with scolices (Figure 2) suggestive of hydatid cyst.

During follow up for six months patient was asymptomatic.

**DISCUSSION**

Hydatidosis located in the thyroid is an infrequent finding



**Figure 2:** Cysts (without staining) showing Brood capsule with scolices x400

even in endemic countries (Table 1).

In India incidence of hydatid cysts at unusual sites is higher as compared to other parts of world.<sup>3</sup> Hydatid at these sites present difficulties in clinical diagnosis. Symptoms, primarily in the form of goitre are usually present for years and the diagnosis is often made at the time of surgery.<sup>9</sup> Infection (by *Echinococcus Granulosus*) is acquired by dogs and other animals (Definitive host) and man is usually a intermediate host. Most probable route involves escaping of 10 to 15% embryos from liver and lung filtrates into general circulation and a fraction of which settles in any other part.

Another important finding in this case is that no other organ of abdomen was involved by this disease as ruled out by U.S.G. abdomen.

The usual methods of treatment for hydatid cyst any where in the body described in the literature are marsupialisation, enucleation with drainage, excision of cyst, omentopexy, lobectomy cryosurgery, immunotherapy and drugs (Mebendazole) therapy. The present case was treated by excision of cyst and by drugs (mebendazole).

## REFERENCES

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**Table 1: Reported cases of hydatid disease of thyroid**

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Chandra and Prakash <sup>2</sup>	1965	01
Muzumdar and Ghosh <sup>3</sup>	1970	01
Burger ET AL <sup>4</sup>	up to 1915	31
Burger ET AL <sup>4</sup>	up to 1983	09
Lamhamedi ET AL <sup>5</sup>	1985	02
Audoine ET AL <sup>6</sup>	1988	01
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Versaci ET AL <sup>8</sup>	1997	01

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