



Clinical Image

An egg in the neck: A rare case of massively calcified thyroid nodule

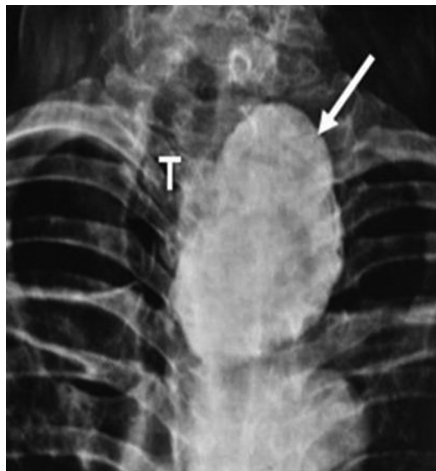


Fig. 1. X-ray of the neck (anteroposterior view) showing a large calcified mass (arrow) displacing the trachea (T) towards the right side.

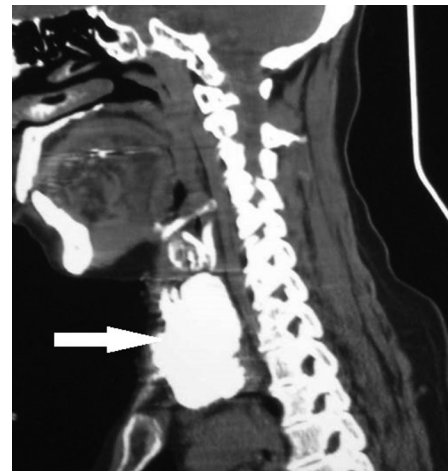


Fig. 2. Computed tomography of the neck (sagittal view) showing the large calcified mass (arrow).

A 52 yr old female[†] presented to the department of Endocrinology, All India Institute of Medical Sciences (AIIMS), New Delhi, India, in March 2018 with the complaints of slow-growing, painless, left-sided neck swelling for the last six years. The swelling moved with deglutition and was not associated with any compressive symptoms or recent increase in size. She was detected to have primary hypothyroidism two years back and was euthyroid on levothyroxine supplementation (100 µg/day) at the time of presentation. On examination, a bony hard swelling of 8 cm × 6 cm size was palpated in the left side of the neck, which moved with deglutition and displaced the trachea to the right. The lower border of the swelling could not be palpated. Pemberton's sign was negative, and there were no palpable cervical nodes. X-ray (Fig. 1) and computed tomography (Fig. 2) of the neck revealed a large calcified thyroid mass displacing the trachea towards the right. On performing fine-needle aspiration cytology, chalky white material was aspirated, which revealed only calcium deposits and

no normal/abnormal thyroid tissue on cytopathology. Keeping in mind the large size and non-contributory cytology result, the patient was counselled on the need for surgery; however, she refused any surgical intervention and opted for close follow up.

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Conflicts of Interest: None.

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[†]Patient's consent obtained to publish clinical information and images.