Abstract

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Thyroglossal duct cyst is the most common encountered midline and upper cervical mass in the pediatric population with no gender predilection[1-4]. It is the most common congenital anomaly of the neck and approximately 7% of the general population have this condition [11-13] and approximately 7% of the general population have this condition [11-13], these patients can also have a rare form of malignancy of this tract, which is papillary carcinoma. These cases account for <1% of the cases with thyroglossal duct cyst[1]. Diagnosis of thyroglossal duct cyst carcinoma (TDCCa) needs a histologic demonstration of the duct with associated respiratory epithelium, squamous epithelium or a combination of both. An identification of ectopic thyroid gland further strengthens the diagnosis of this kind of cancer. [1,4,10] Some experts however suggest that the identification of a normal thyroid gland that is free of malignancy is a must prior to classifying it as a TGDC carcinoma. [1,22-24,] This is a rare case without a well-defined management and staging criteria. As such, it has been a cause of debates regarding the optimal management as well as extent of completeness of surgery from Sistrunk procedure only to Sistrunk procedure with Total thyroidectomy.Papillary thyroid carcinoma of the thyroglossal duct cyst is a rare form of carcinoma from a congenital benign anomaly. Many contrasting opinions regarding management of this type of carcinoma are still prevalent. Due to the lack of guidelines and rarity of this carcinoma Features such as tumor size (>1cm), tumor capsule invasion, soft tissue extension/involvement, intratumoral fibrosis, presence of positive lymph nodes and abnormal thyroid ultrasound findings are indications for Sistrunk procedure with Total Thyroidectomy. These features should always be considered to determine the completeness of the surgery and provide prognosis for the patients with this disease.