

갑상선낭종에서 발생한 유두상암종 2예

김 각 · 이준규 · 서경선 · 임상철

Two Cases of Papillary Carcinoma from Thyroglossal Duct Cyst

Kag Kim, MD, Joon Kyoo Lee, MD, Kyung Sun Seo, MD and Sang Chul Lim, MD

Department of Otolaryngology-Head and Neck Surgery, Chonnam University Medical School, Gwangju, Korea

-ABSTRACT-

Thyroglossal duct carcinoma is uncommon, occurring in approximately 1% of all thyroglossal duct cysts. It is often diagnosed incidentally after surgical excision. Ninety-four percent of carcinomas are of thyroid origin, with most being papillary in nature, and 6% are of squamous cell origin. The controversy continues about the most effective treatment for papillary carcinoma occurring in a thyroglossal duct cyst (TGDC). We have recently experienced two cases of papillary carcinoma after TGDC excision. One patient underwent only Sistrunk operation but the disease recurred at the left cervical lymph node after 6 years and the other patient underwent total thyroidectomy followed by radioactive iodine therapy after Sistrunk operation. (J Clinical Otolaryngol 2005;16:306-310)

KEY WORDS : Papillary carcinoma · Thyroglossal duct cyst.

가 1) 70% , Sistrunk 4)5) 가
 가 2) 0.7~1.7% , Sistrunk 6) ,
 Persky²⁾ 7-9)
 : 2005 9 15
 : 2005 10 14
 : , 501 - 190 8
 : (062) 220 - 6771 · : (062) 228 - 7743
 E - mail : joonkyoo@jnu.ac.kr

증례

증례 1 :

18 가 1999 3
1999 7

4 × 5 cm
3.5 × 1.5 cm 가
가
(Fig. 1).

Sistrunk
(fibro-vascular stalk) 가 가 가
(Fig. 2). 4
6

가 1.1 × 1.0 cm

가

증례 2 :

34 가 2004 12

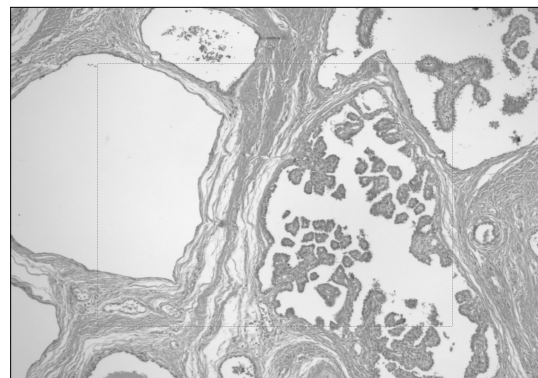


Fig. 2. Pathologic finding shows branching papillae having a fibrovascular stalk covered by layers of tumor cells (H & E stain, × 40).

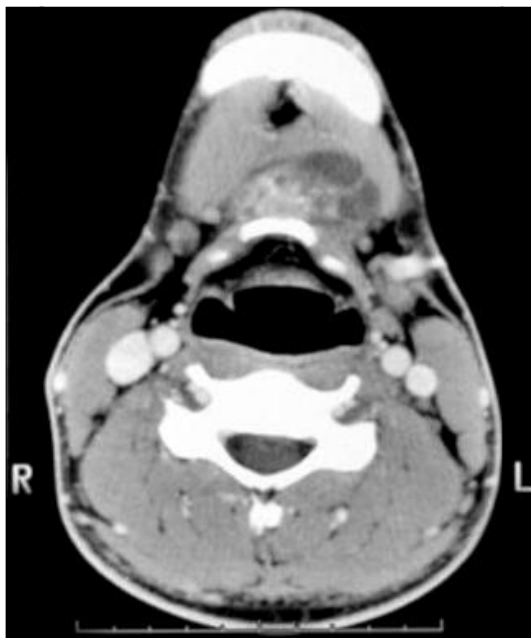


Fig. 1. Neck CT shows about 3.5 × 1.5 cm sized well-defined cystic lesion with internal septation, solid portion, and calcification at hyoid bone level.

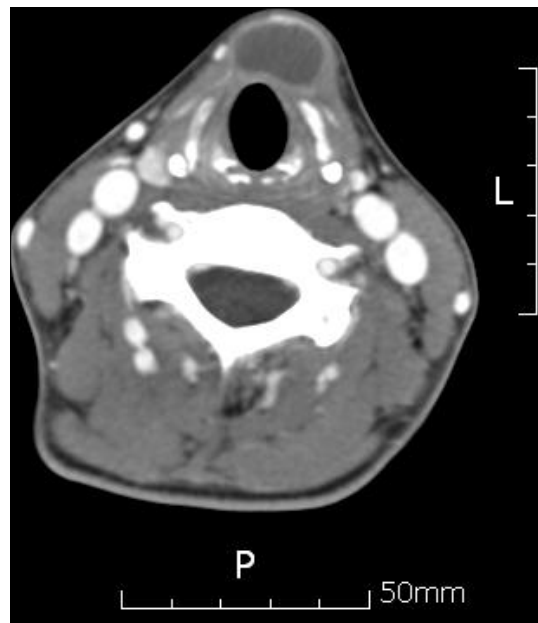


Fig. 3. Neck CT shows about 1.9 × 1.2 cm sized well-defined cystic lesion beneath strap muscle just below the hyoid bone without solid portion.

2005 1
 3x2 cm 가
 (strap muscle)
 가 1.9 x
 1.2 cm (Fig. 3).
 Sistrunk
 (ectopic)
 (thyroid follicle)
 (empty - appearing)
 (nuclear groove)

(Fig. 4A and B).

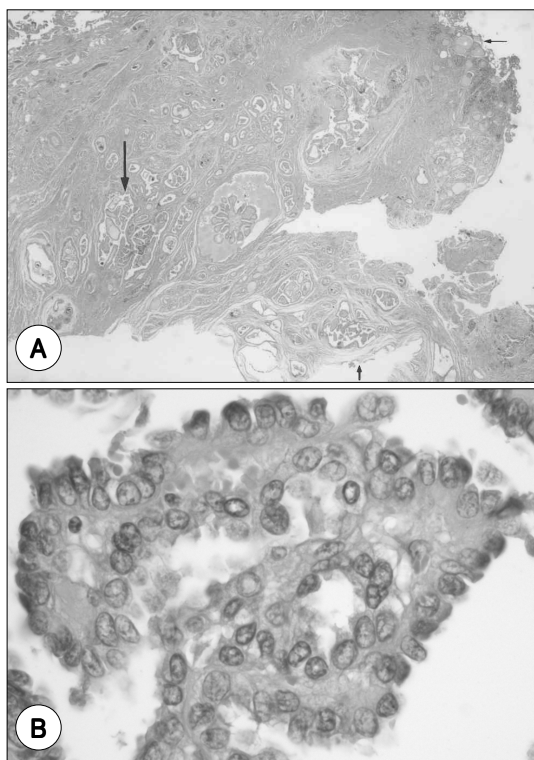


Fig. 4. A : Histopathologic finding shows clusters of branching papillae having a fibrovascular stalk covered by layers of tumor cells (long arrow) and ectopic thyroid follicles (thin arrow). The lining of thyroglossal duct cyst (short arrow) is shown (H & E stain, $\times 20$). B : Tumor cells have characteristic empty-appearing nuclei and nuclear grooves (H & E stain, $\times 100$).

고 찰
 가
 10)
 0.7~1.7% 2) 7
 11-17) , 1 18)가
 (anaplastic carcinoma)
 , 30 1 82
 3)
 1
 가 19) 1 가
 가 Pribitkin 9)
 / 90%
 5% 가 가
 , Wigley 10) 85.5%,
 4.4%, 1.1%,

2.2%, 6.6%

10 95.6%

Belnoue ⁵⁾ Kennedy ⁴⁾

Sistrunk, Kristensen ⁶⁾ Sistrunk

Pribitkin ⁹⁾ 가 1.5 cm

Motamed ⁷⁾ Patel ⁸⁾ 45, 가 4 cm

Persky²⁾ 가

11% 33% ²⁰⁾

(multifocal)

Persky²⁾ 가

(thyroglobulin)

2

중심 단어 :

REFERENCES

- 1) Myer CM, Cotton RT. *Congenital thyroid cysts and ectopic thyroid*. In: Falk SA. *Thyroid disease: Endocrinology, surgery, nuclear medicine and radiotherapy*. New York; Raven Press; 1990. p.381-8.
- 2) Persky MS. *Total thyroidectomy as appropriate treatment for papillary carcinoma in a thyroglossal duct cyst*. *Arch Otolaryngol Head Neck Surg* 2002;128: 463.
- 3) Luna-Ortiz K, Hurtado-Lopez LM, Valderrama-Landaeta JL, Ruiz-Vega A. *Thyroglossal duct cyst with papillary carcinoma: What must be done?* *Thyroid* 2004;14 (5):363-6.
- 4) Kennedy TL, Whitaker M, Wadiah G. *Thyroglossal duct carcinoma: A rational approach to management*. *Laryngoscope* 1998;108 (8 Pt 1):1154-8.
- 5) Belnoue A, Poupart M, Pignat JC. *Interest of thyroidectomy in the management of thyroglossal duct cysts*. *Ann Chir* 2004;129 (9):523-5.
- 6) Kristensen S, Juul A, Moesner J. *Thyroglossal cyst carcinoma*. *J Laryngol Otol* 1984;98 (12):1277-80.
- 7) Motamed M, McGlashan JA. *Thyroglossal duct carcinoma*. *Curr Opin Otolaryngol Head Neck Surg* 2004;12 (2):106-9.
- 8) Patel SG, Escrig M, Shaha AR, Singh B, Shah JP. *Management of well-differentiated thyroid carcinoma presenting within a thyroglossal duct cyst*. *J Surg Oncol* 2002;79 (3): 134-9.
- 9) Pribitkin EA, Friedman O. *Papillary carcinoma in a thyroglossal duct remnant*. *Arch Otolaryngol Head Neck Surg* 2002;128 (4):461-2.
- 10) Wigley TL, Chonkich GD, Wat BY. *Papillary carcinoma arising in a thyroglossal duct cyst*. *Otolaryngol Head Neck Surg* 1997;116 (3):386-8.
- 11) Lee KK, Ahn HS, Lee KM. *A case of papillary thyroid carcinoma arising in thyroglossal duct cyst*. *Korean J Head Neck Oncol* 2000;16 (1):83-6.
- 12) Kim JH, Park IS, Rho YS, Yoon DY. *Two case of papillary thyroid carcinoma arising in thyroglossal duct cyst*. *Korean J Head Neck Oncol* 2002;18 (1):80-3.
- 13) Chu YC, Han JY, Han HS, Kim JM, Min SK, Kim YM. *Primary papillary carcinoma arising in a thyroglossal duct cyst*. *Yonsei Med J* 2002;43 (3):381-4.
- 14) Hwang SH, Kim SH, Kim CW, Cho HE. *Thyroglossal duct remnant with papillary carcinoma in an 10-year-old child*. *Korean J Otolaryngol* 2001;42 (5):546-8.
- 15) Kim DY, Park BG, Lee TH. *A case of papillary thyroid carcinoma arising in a thyroglossal duct cyst with complete ectopic thyroid gland*. *Korean J Otolaryngol* 2003;46 (8): 702-5.
- 16) Mun SK, Lee KW, Paik SH, Kim H. *Papillary carcinoma*

- arising in thyroglossal duct cyst: a case report. Korean J Otolaryngol 2003;46 (5):448-50.*
- 17) Kim EJ, Kwon SY, Jung KY, Wu JS. *Three cases of papillary carcinoma from the thyroglossal duct cyst. Korean J Otolaryngol 2003;46 (8):709-12.*
- 18) Kang SN, Kim MJ, Park JB, Oh HK. *A case of anaplastic carcinoma arising in thyroglossal cyst. Korean J Otolaryngol 2003;46 (7):613-5.*
- 19) Batsakis JG, El-Naggar AK, Luna MA. *Thyroid gland ectopias. Ann Otol Rhinol Laryngol 1996;105 (12):996-1000.*
- 20) Heshmati HM, Fatourehchi V, van Heerden JA, Hay ID, Goellner JR. *Thyroglossal duct carcinoma: Report of 12 cases. Mayo Clinic Proc 1997;72 (4):315-9.*