Author's response to reviews

Title: Case Report: Papillary carcinoma arising in thyroglossal duct cyst with cervical lymph node metastasis and microcarcinoma in the thyroid

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Version: 6 Date: 21 August 2007

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We changed the title as “Case Report: Papillary carcinoma arising in thyroglossal duct cyst with cervical lymph node metastasis and microcarcinoma in the thyroid”.

Comments to reviewer 1

1-In our case report: first, surgical resection by means of Sistrunk’s procedure was performed. The histopathologic diagnosis was papillary carcinoma evolving from a TGDC, confined to the thyroglossal cyst with a tumor diameter of 2 cm. The patient was referred to the surgery department for further investigation. The thyroid sintigraphy, USG and cervical CT scans were performed. The thyroid sintigraphy was uneventful. The cervical USG showed multiple cervical lymph nodes which were in different size ranging from 8 mm to 17 mm. A cervical CT revealed bilaterally located cervical lymph nodes less 2 cm in diameter. Also patients thyroid function tests were within normal limits. Than, patient was reoperated with total thyroidectomy and bilateral neck dissection due to cervical radiological findings to be treated as differentiated thyroid cancer. The final postoperative pathology reported an 8 mm in size papillary cancer in the left lobe of thyroid tissue without any metastasis to cervical lymph nodes. The patient was treated with radioactive iodide afterwarths and thyroid suppression therapy was given as adjuvant treatment.

References:

2-The cervical neck dissection was not an initial surgical procedure, it was made after Sistrunk procedure upon radiological findings.

Comments to reviewer 2:

What makes this case special?
In our case, carcinoma in thyroglossal duct cyst is greater than the carcinoma in the thyroid tissue (20mm versus 8 mm). Papillary cancer in thyroglossal duct cyst is rare, but coincidence of thyroglossal duct cyst cancer with microcarcinoma in thyroid gland is much more rare. The main purpose is to point out that even though the thyroid gland is radiologically and sintigraphically normal, there might be metastasis or primary carcinoma in the thyroid gland with a tumor less than 1 cm (Micropapillary cancer). So, the surgical strategy and adjuvant treatment should be programmed according to these findings. The difficulty lies in terms of what approach should be taken during and after surgery when dealing with a preoperatively diagnosed thyroglossal cyst; that is how extensive should the surgery be and what type of adjuvant treatment should be used. To be able to respond to these issues, we thought to share our rare experience with the readers.