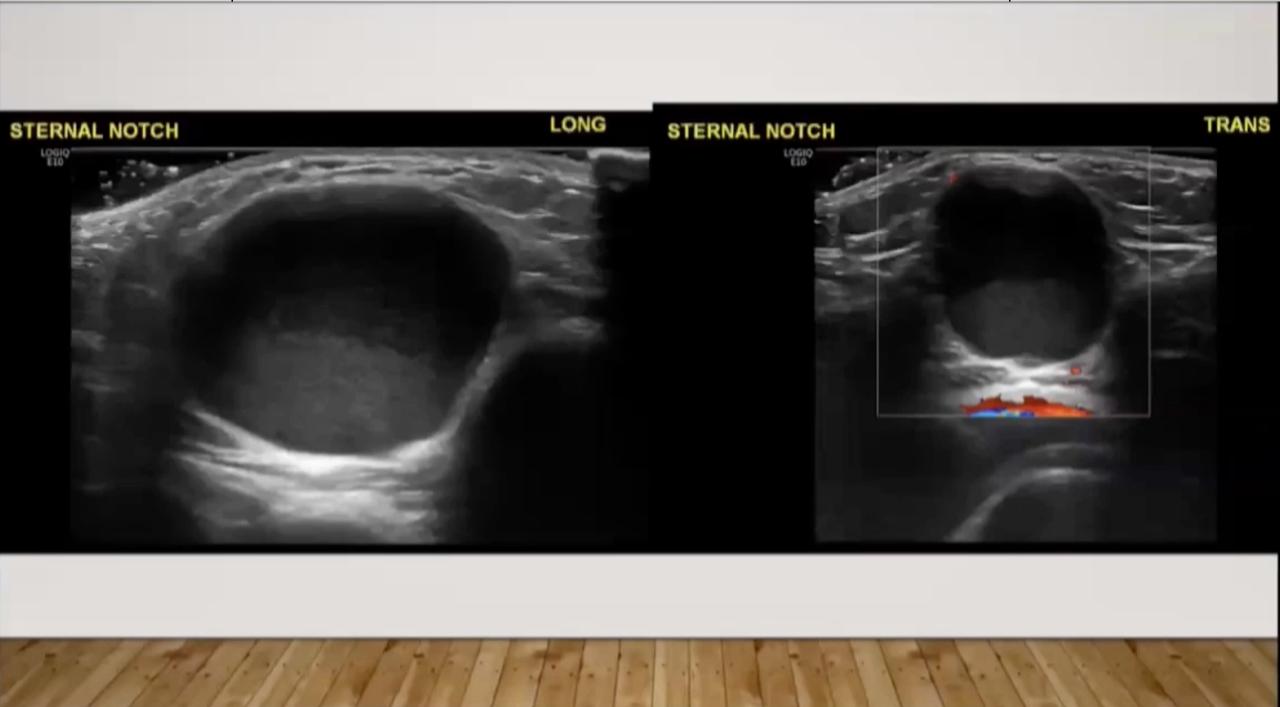
CASE #1

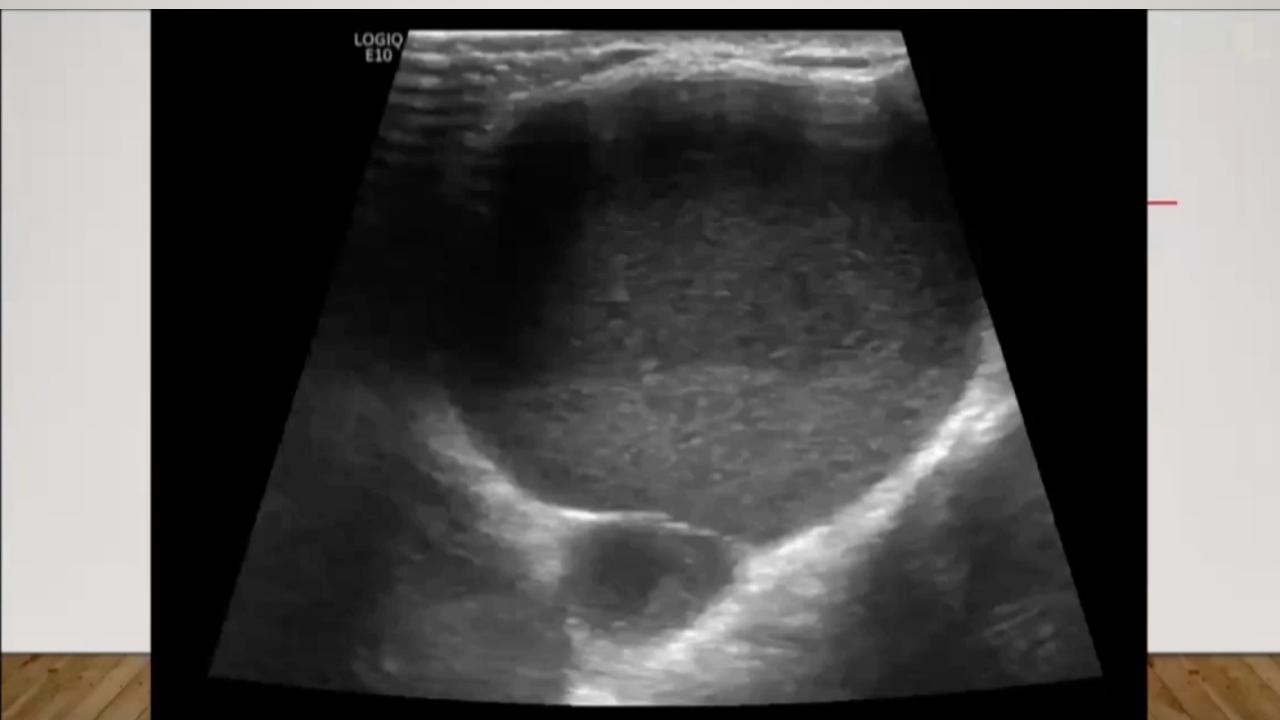
- 15yo F immigrant from Peru (9 months previously)
- Presented to ED with enlarging suprasternal mass, painful, present for 2 years
- U/S performed
- Treated with 10 days of Clavulin
- Followed up in clinic 2 weeks later with decreased size in mass
- Ongoing odynophagia















PS23-3303

F 15 years 2008/07/21

CLINICAL INFORMATION

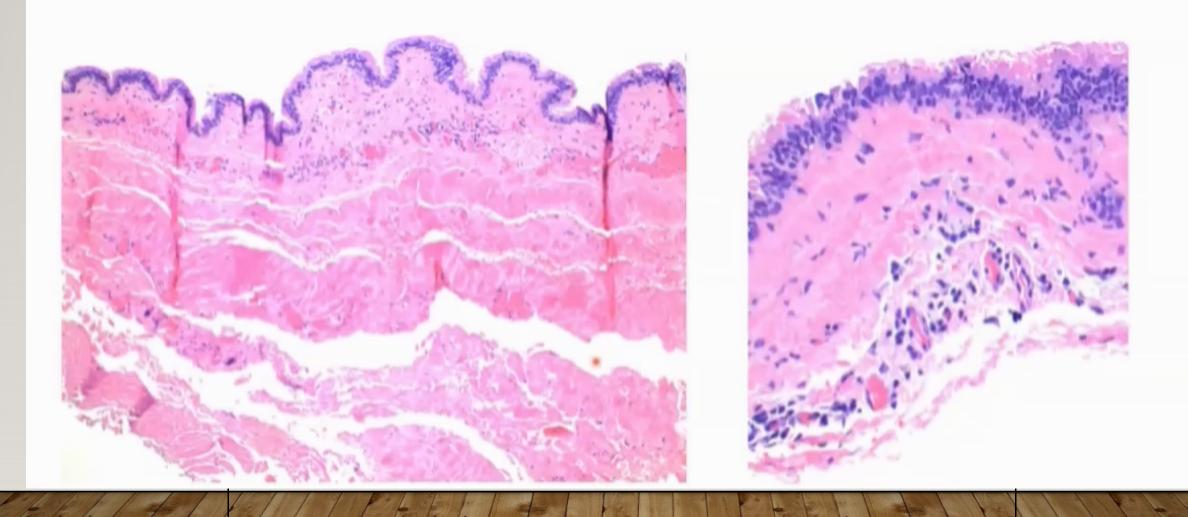
Excision of midline neck mass at sternal notch, deep and abutting lower poles at thyroid. Mucoid contents.

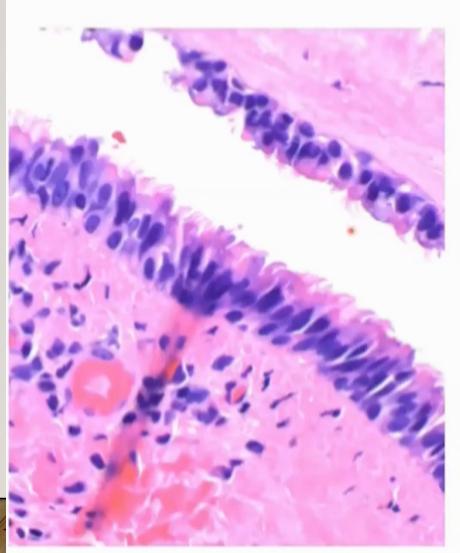
SPECIMEN

- A. NODE MIDLINE NECK MASS
- B. NODULE ATTACHED TO CYST



A. collapsed cyst measuring $3.2 \times 1.3 \times 0.5$ cm. outer surface is smooth; submitted in toto





CILIATED RESPIRATORY TYPE EPITHELIUM

List cysts that may contain ciliated epithelium

Thyroglossal duct cyst (TDC)

Branchial cyst

Bronchogenic cyst

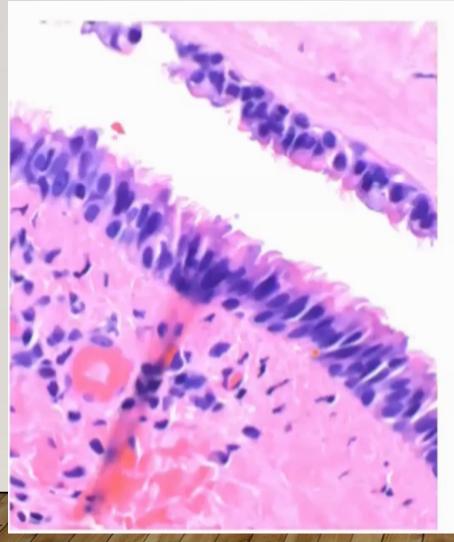
Cutaneous ciliated cysts

Enterogenous cyst - Neurenteric cyst- Foregut cyst

Endosalpingiosis

Others





CILIATED RESPIRATORY TYPE EPITHELIUM

- NO MUCOUS GLAND
- NO GOBLET CELL
- NO CARTILAGE WITHIN WALL
- NO SQUAMOUS MUCOSA
- NO THYROID FOLLICLE
- NO INTESTINAL-GASTRIC EPITHELIUM
- NO LYMPHOID AGGREGATES
- NO WELL DEVELOPED MUSCLE WALL

B, NODULE ATTACHED TO CYST, EXCISION: - BENIGN CARTILAGE IDENTIFIED.



Cysts that may contain ciliated epithelium

Thyroglossal duct cyst (TDC)

Branchial cyst

Bronchogenic cyst --- common at sternal notch or intrathoracic--- from foregut origin (M>F) - MAY CONTAIN CARTILAGE

Cutaneous ciliated cysts: extremities teenager; rare in other locations (F>>M) - often ER-PR positive

Enterogenous cyst - Neurenteric cyst- Foregut cyst: posterior mediastinum/intra-extra spinal

Mature teratoma

Endosalpingiosis

Others

DIAGNOSIS

- A. NODE MIDLINE NECK MASS, EXCISION:
- MIDLINE CYST LINED BY PSEUDOSTRATRIFIED CILIATED EPITHELIUM, CONSISTENT WITH THYROGLOSSAL DUCT CYST (SEE COMMENT)
- B, NODULE ATTACHED TO CYST, EXCISION:
- BENIGN CARTILAGE IDENTIFIED.

COMMENT

An email was sent to Dr. Emil on Sept 11, 2023. Clinical correlation is required for final diagnosis.

Location, location, location!!

Information, Communication, Correlation

 Dr SE: I really doubt this is thyroglossal. It was really a mediastinal cyst, well below the thyroid. TGD cysts should not be below the thyroid gland. There was also a piece of cartilage attached. Can this be a bronchogenic cyst or BPFM. It was very adherent to the tracheal. We will present this at global SRP next week. Very interesting.

 Dr MLB: Yes, I had doubts about thyroglossal and considered brinchopulmonary origin. No well formed muscle which is why I favored thyroglossal and emailed you. Perhaps Chantal can retrieve the case and review. If I remember correctly, the cartilage was in the 2nd specimen