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## **Aim**

➤ We aimed to determine demographical, hormonal, ultrasonography(US) and cytological features of cases with neck lesions that are located outside the thyroid region and have similar echogenicity with thyroid tissue.

## **Material ve Method**

➤ Neck US reports of patients who underwent fine needle aspiration(FNAB) under US guidance in our clinic in a period of one year were reviewed retrospectively. Lesions having similar echogenicity with thyroid tissue and defined as ectopic or outside the thyroid bed were enrolled. Demographical, hormonal, US and cytological features were obtained from medical records.

## **Results**

➤ There were 76 patients(69 female, 7 male) with a mean age of 51.07±12.81. 64(84.2%) of patients had a history of thyroid surgery and 12(15.8%) were not operated before. 85.5%of lesions were located at the level of hyoid bone, 9.2% inferior to thyroid lower pole and 5.3% in other sites. Localization of lesions did not differ between patients with and without previous thyroidectomy(p=0.083). Median lesion volume was 0.57 ml(0.06-24.13).

Ultrasonographically, 93.4% of lesions were isoechoic and 6.6% were hypoechoic. 89.5%of lesions were solid and 10.5% had mixed texture Marginal irregularity was observed in 13.2%of lesions. US features were similar in patients with and without thyroidectomy. 62(81.6%) lesions were positive with Tc99m pertechnetate scintigraphy and avidity rate was significantly higher in operated patients(p=0.001). Cytological diagnosis was benign in73,7%, atypia of undetermined significance/follicular lesion of undetermined significance in 2.6%, nondiagnostic in22.4% and acute suppurative infection in1.3%. There were no differences in cytopathological results between patients with and without thyroidectomy(p=0.649).

## **Conclusion**

➤ In patients with a history of thyroid surgery, US examination should be extended to outside the thyroid bed to detect possible ectopic tissue. We showed that such lesions might also occur in patients without surgery and US features and cytopathological findings were similar in thyroidectomized and nonthyroidectomized patients