Primary cervicothoracic thyroid paraganglioma

Mustafa Zakkar* and Ian Hunt

Department of Cardiothoracic Surgery, St. George’s Hospital, London, UK

* Corresponding author. Department of Cardiothoracic Surgery, St. George’s Hospital, Blackshaw Road, London SW17 0QT, UK. Tel: +44-208-6721255; fax: +44-208-6720068; e-mail: mustafazakkar@me.com (M. Zakkar).

Received 16 July 2012; accepted 12 August 2012

Keywords: Paraganglioma • Thyroid • Mediastinal mass

A 44-year old man presented with increased shortness of breath. A chest X-ray revealed a widening of the mediastinum (Fig. 1a). Magnetic resonance imaging demonstrated a right paratracheal tumour (Fig. 1b, c). Rotational arteriography showed that the right thyrocervical artery was supplying the mass (Fig. 1d). He underwent a right cervical incision and thoracotomy resection of the mass. Histology showed thyroid paraganglioma.

Figure 1: (a) A chest X-ray showing marked widening of the right paratracheal stripe and mild displacement of the trachea. (b) An axial magnetic resonance imaging view showing a right retro/paratracheal mass that extends from the level of the thyroid isthmus that indents and distorts the right posterior surface of the trachea. (c) A magnetic resonance imaging coronal view showing the right paratracheal mass extending from the C7 level to the T4 level just above the carina. (d) Rotational arteriography showing that the blood supply to the mass was from the right thyrocervical artery.