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# Lipoma of the thyroid chamber causing confusion with a thyroid nodule (exceptional case)

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#### **ABSTRACT**

The authors report an exceptional case of a lipoma of the thyroid chamber confusing with a thyroid nodule. It is a 68-year-old patient who has had an anterior cervical swelling for 6 years and ultrasound in favor of a thyroid nodule. The appearance of the peroperative lesion was more for a lipoma and the pathological sanatomy examination confirms the diagnosis.

**Keywords**: Lipoma; Thyroidchamber; Echography; surgery; Pathologicalanatomy.

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#### INTRODUCTION

The location of a lipoma in the thyroid chamber is exceptional. We describe the case of a 68-year-old patient with a thyroid lipoma confusing with a thyroid nodule.

## **MATERIAL AND METHODS**

# Case Report

It is a 68-year-old patient with no previous history and has had an anterior cervical swelling without compression signs or clinical thyrotoxicosis for 6 years.

The clinical examination finds an anterior cervical swelling of about 3 cm in diameter in relation to the thyroid chamber, of firm consistency, mobile at swallowing and without cervical adenopathy.

The patient is in euthyroid biology with ultrasonography a nodular formation at the level of the heterogeneous hyperechogenic thyroid isthmus without a limited Doppler signal measuring 36 on 20mm of major axis. The nodule is classified as TIRADS III (Figure 1).

The patient was scheduled for an isthmectomy and it was discovered in peroperative that it is a lipomatous mass of the thyroid chamber.

Surgical excision is performed (Figure 2).

Pathologic examination was in favor of a lipoma (Figure 3).

## RESULTS AND DISCUSSION

Lipomas are the most frequent mesenchymal tumors; They can develop in all the fat regions of the body: subcutaneous tissue, retro peritoneum, mediastinum, bone and gastrointestinal tract. They are primitive in the vast majority of cases and appear mainly in adults aged 40 to 60 years [1], without sex predominance [2]. They are multiple in 5% to 8% of cases [3]. Rarely, they can be post-traumatic.

This is an exceptional case of an atypical localization of a lipoma at the level of the thyroid lodge.

The presence of adipose tissue is commonly observed in the parathyroid glands, thymus, salivary glands, pancreas and breast.

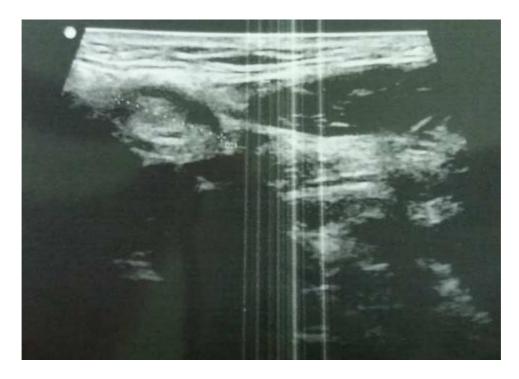
In the normal thyroid gland, the presence of mature adiposity is a rare occurrence; Few adipocytes can be found near the capsule and in perivascular location [4].

A rare entity that was described by Dhayagude in 1942 [5]. This is diffuse thyrolipomatosis.

It is a type of diffuse infiltration of a normal thyroid by a mature adipose tissue without any evidence of encapsulation.

## **CONCLUSION**

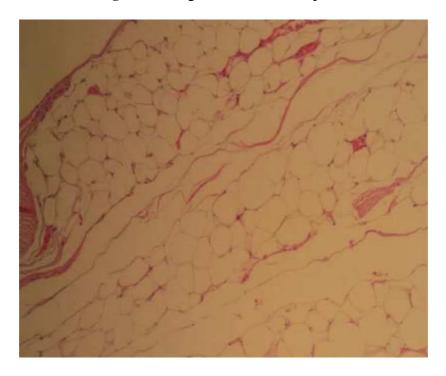
The lipoma of the thyroid chamber is an exceptional localization. The pathologic study remains the reference examination to confirm the diagnosis.



**Figure 1**: Nodular formation at the heterogeneous hyperechogenic thyroid isthmus without a limited Doppler signal measuring 36 to 20 mm of major axis. The nodule is classified TIRADS III.



**Figure** 2: image of the resected lipoma



**Figure** 3: Microphotography showing benign tumor proliferation of mature adipocytes surrounded by a fibrous capsule (hemalun-eosin x200)

# **Conflicts of interest**

The authors do not declare any conflicts of interest

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