

Clinical Image

Tracheal Deviation in Retropharyngeal Sarcoma: Mimicry of a Thyroid Mass

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Clinical Image

A young lady presented with painless, slowly growing swelling in front of neck for last 2 years. There was history of dyspnoea and dysphagia but no voice change. On examination of neck 10 cm × 12 cm firm, nontender swelling found in thyroid fossa. This swelling was not moving on deglutition. Interestingly trachea could be palpable in whole of length overlying the swelling. Thyroid lobe couldn't be palpated separately. Roentgenography of neck revealed compression and anterior deviation of trachea along with right sided deviation. Surprisingly during surgery Thyroid gland was found to be normal and a large retro tracheal and retroesophageal mass was found adhering to prevertebral fascia. There was no communication to vertebral joints and mass was not adherent to paravertebral muscles. Histopathological diagnosis of the mass was Synovial Sarcoma.

Discussion

Any large thyroid or neck swelling can produce tracheal deviation and compression. Tracheal deviation or compression should always be ruled out before elective surgeries as it can cause difficulties in intubation. Sometimes it can cause acute respiratory distress demanding emergent intervention to relieve the compression [1,2].

References

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Figure 1: X-ray neck lateral view showing marked increase in retrotracheal space.

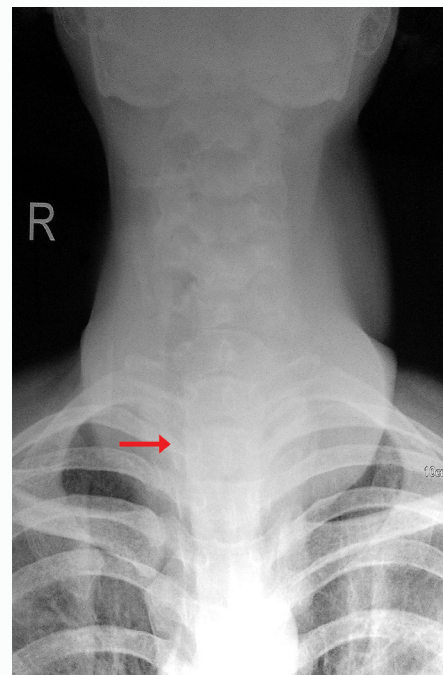


Figure 2: X-ray neck AP view showing right sided tracheal deviation.