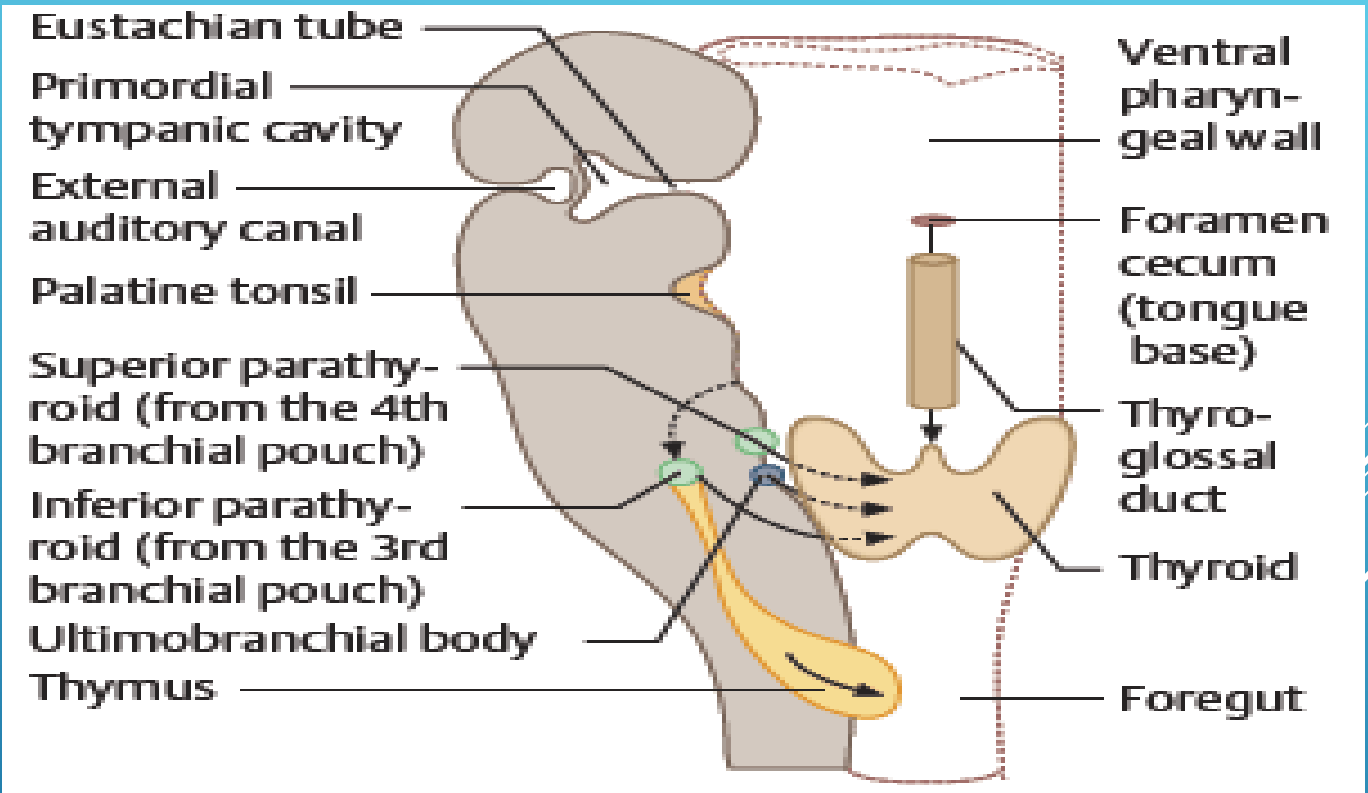
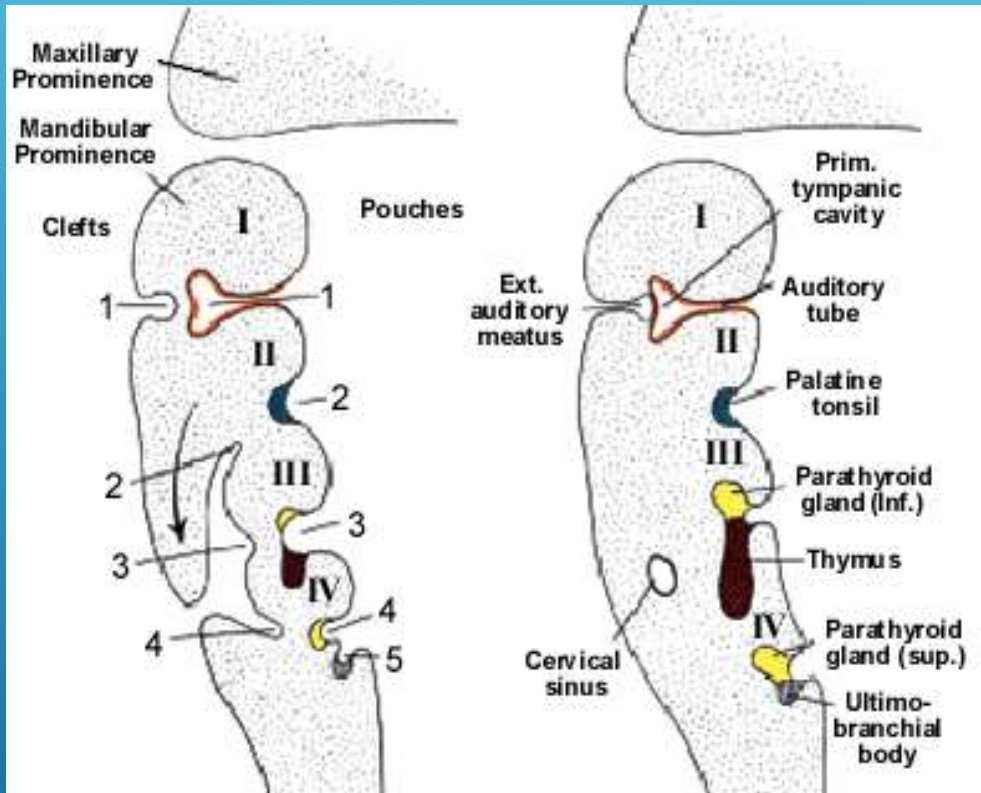




**Dr. Sohail Bakkar**

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*The Hashemite University*



**Most common congenital cervical anomaly**

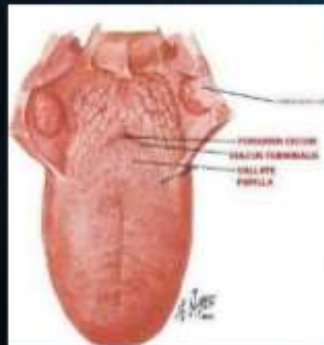
**Most common developmental anomaly of the thyroid gland**

### K) MOVEMENT WITH TONGUE PROTRUSION:

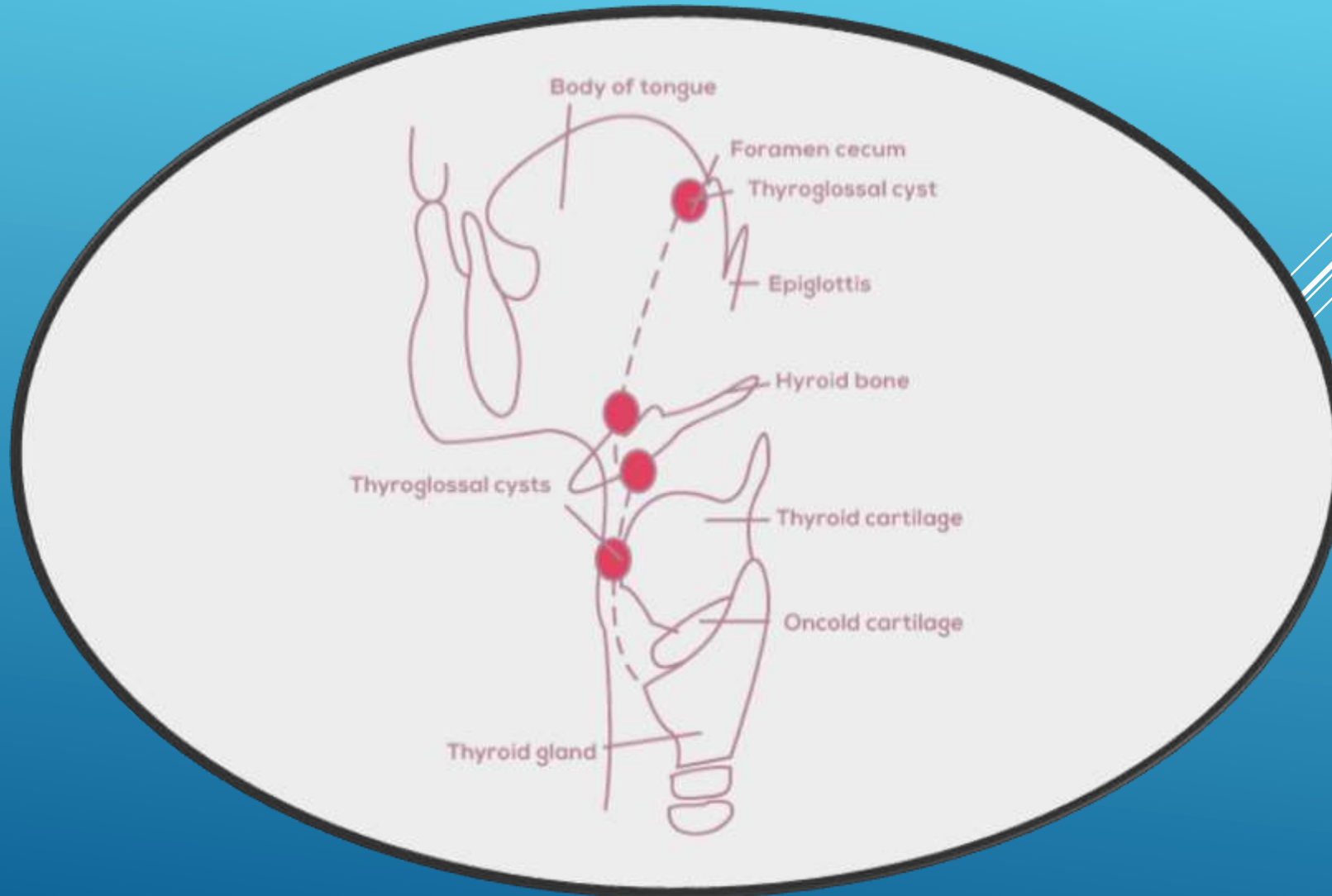
Movement with tongue protrusion in case of mid line neck swellings  
Eg- Thyroglossal cyst & Thyroglossal Fistula.

**Why Swelling Moves with Tongue Protrusion?**

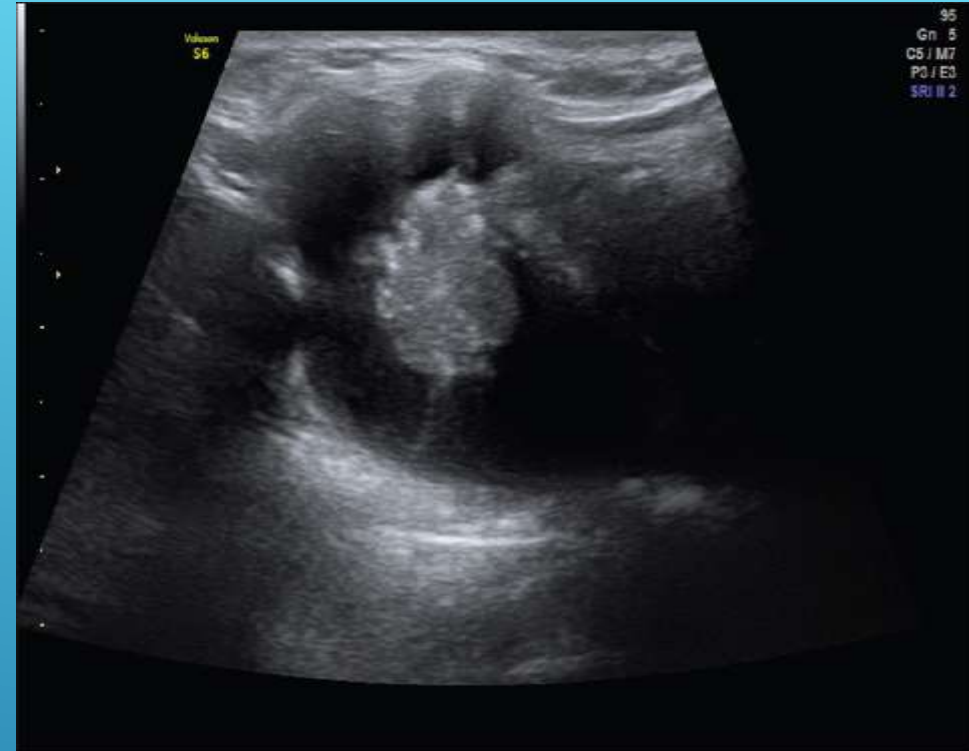
Because the swelling is Attached to  
Foramen Caecum of Posterior 2/3rds of the tongue



**Most common location: midline at or below the hyoid bone**  
**2<sup>nd</sup> most common location: suprahyoid**







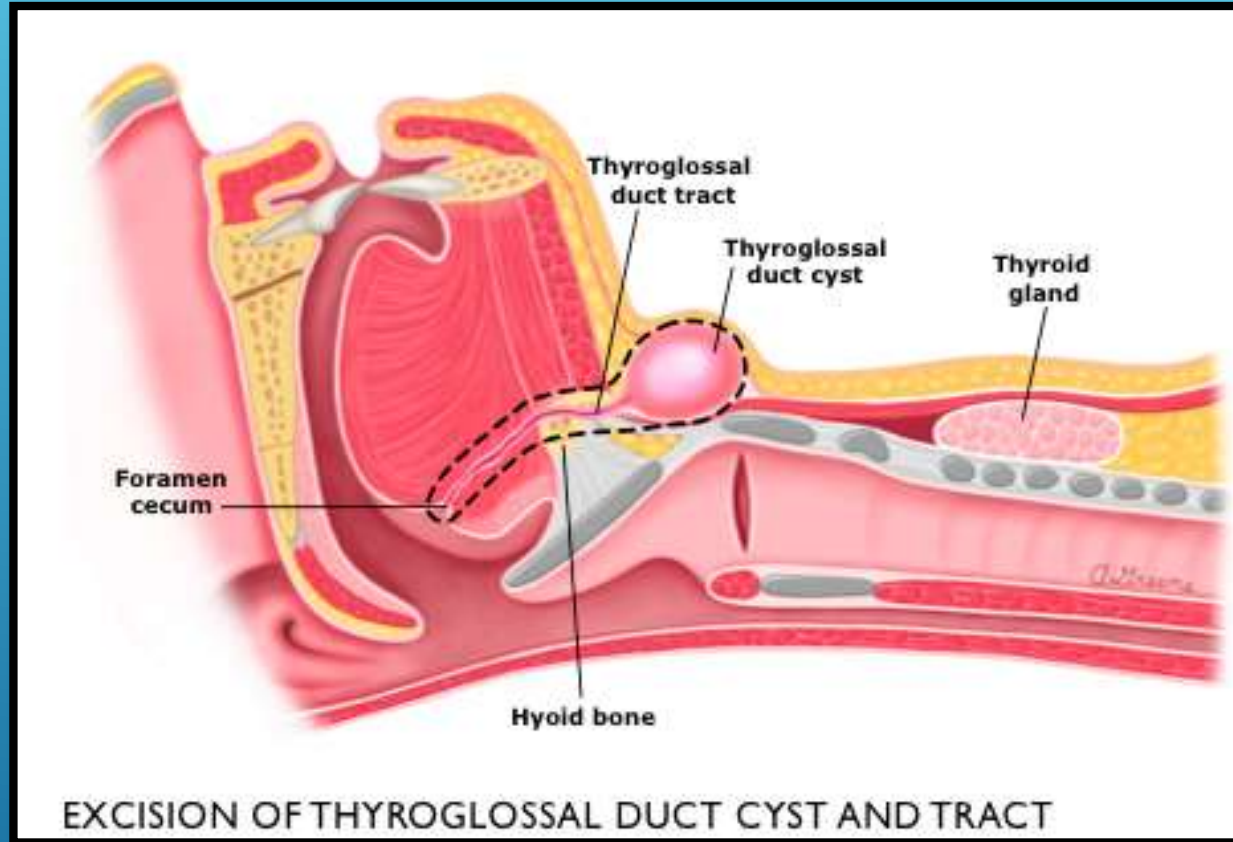
- **Confirm the diagnosis**
- **Evaluate for suspicious features (micro-calcification and a mural component) - FNAC**

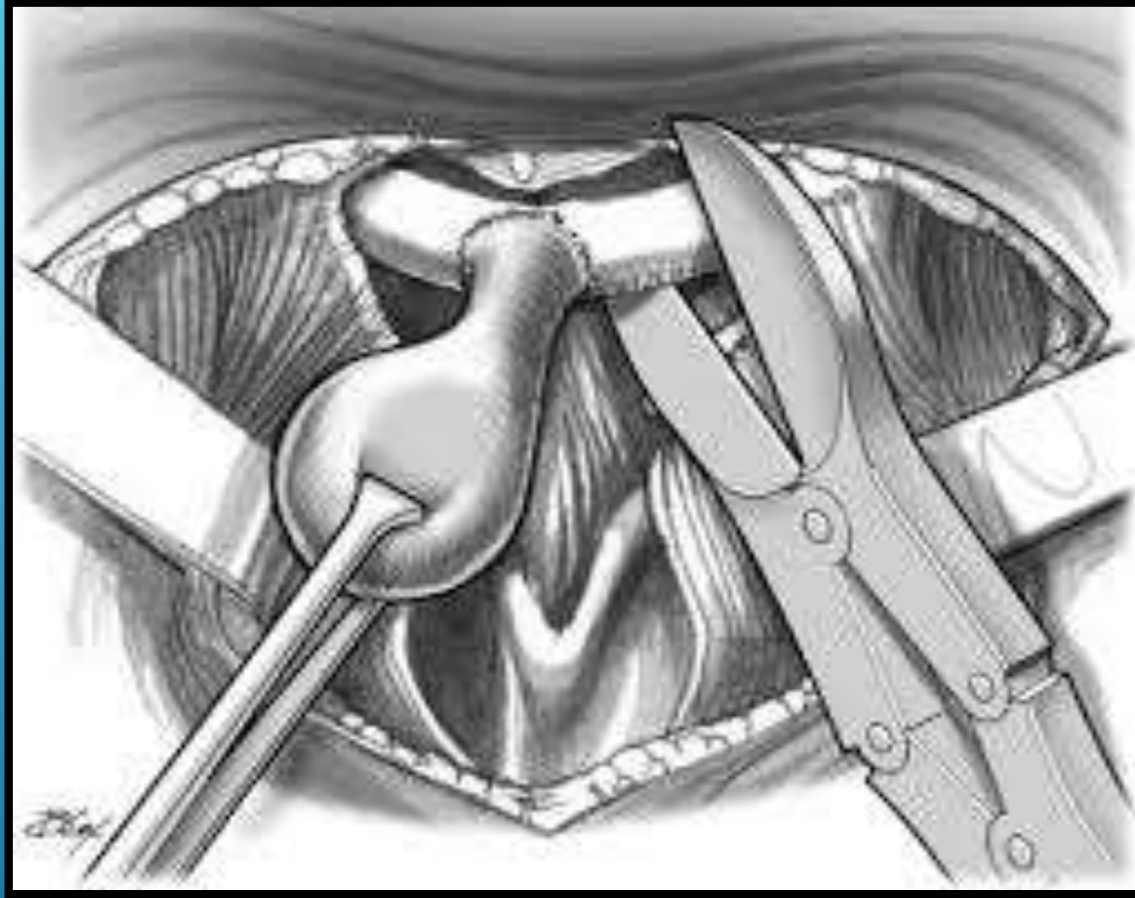
**Risk of infection**

**Risk of sinus formation related to cyst rupture “Midline opening with or without a palpable cyst”**

**Risk of malignancy < 2% ; most common is PTC 2<sup>nd</sup> is SCC / MTC not reported**

# Sistrunk's Procedure





**Reduces recurrence from up to 60% to < 10 %**



# Thyroglossal Duct Cyst

- Most common congenital neck mass (70%)
- 50% present before age 20
- Midline (75%) or near midline (25%)
- Usually just inferior to hyoid bone (65%)
- Elevates on swallowing/protrusion of tongue
- Treatment is surgical removal (Sis trunk) after resolution of any infection



**THANK  
YOU**