ESOPHAGEAL OBSTRUCTION DUE TO ACCESSORY
THYROID.*

BY FREDERICK E. HOPKINS, M. D.,

SPRINGFIELD, MASS.

A case labeled unusual sometimes exposes the limited observation of the reporter—the unusual to him being no rarity to those whose experience in large clinics brings numbers of cases of almost every possible variety.

The case of esophageal obstruction presented herewith may have some interest, even if to most of you the possibility of its being due to hypertrophy of an accessory thyroid would seem more reasonable than it did to me.

Mrs. A., American, about forty years old, came to my service at the Springfield Hospital, November 16, 1917, complaining of inability to swallow solids. There was no enlargement of the thyroid or any symptom to direct attention to this gland. Her general health was good, save for such loss of weight and strength as followed the inability to take sufficient food.

The obstruction was so marked and its location so definite to the patient that she thought she must have “swallowed a bone.” No foreign body was discovered by the esophagoscope, but about five inches below the level of the cricoid cartilage a soft, irregular, vascular growth projected into the lumen of the esophagus, from its posterior and left side.

A portion of this growth was removed and submitted to the hospital pathologist, Dr. Frederick D. Jones, for examination. When he reported this to be thyroid tissue, I was not a little surprised and more than a little skeptical as to the correctness of his diagnosis. However, Dr. Jones was positive as to the character of the tissue, and subsequent search of references to accessory thyroids made the diagnosis

*Read by title at the fortieth annual congress of the American Laryngological Association, held at Atlantic City, N. J., May 27th, 28th and 29th, 1918.

appear reasonable. A section is submitted for your examination. I will add that the vascularity of the growth was such that the removal of the specimen for examination was followed by sufficient contraction to permit of comfortable swallowing. The patient has recently reported herself so well that further treatment is declined for the present.

It is unnecessary to weary you with many references to the literature on accessory thyroids. The following are brief quotations from a physiologist, a surgical anatomist, a pathologist and two internists:

1. Howell: "Accessory thyroids varying in size and number may be found along the trachea as far down as the heart. They possess a vesicular structure, and no doubt have a similar function to that of the thyroid body."

2. Deaver: "Accessory thyroid glands occurring near the median line of the neck in the vicinity of the hyoid bone, and elsewhere in the neck, are regarded as being formed by division of the pyramidal process."

3. McCallum, speaking of the physiology of the thyroid, says: "Destruction of the thyroid gland in animals by operative extirpation is not easy, because there are practically always numerous minute nodules of the accessory thyroid tissue scattered in the neck, in the thymus, and inside the pericardium."

4. Wilhelm Faltz, who quotes Maurer regarding the development of the thyroid: "The rudiments of the thyroid wander downward with the heart. Along the entire tract from the root of the tongue to the aorta may be found cut-off portions of thyroid glandular tissue, accessory thyroids, which may give occasion to the formation of abnormally situated goiters—tongue goiters, retrosternal goiters, etc."

5. Thompson: "Accessory thyroid glands have sometimes been found at the root of the tongue and in the pleura." Speaking of adenoma of the thyroid, he mentions "a rare malignant form as described by Hayward, with metastases of thyroid-like tissue in the lungs, bones and elsewhere."

Dr. Frederick D. Jones, a pathologist of this city, mentioned to me a like metastasis coming under his observation: "At the time of the removal of the growth—involving one of the lower ribs—the existence of the primary disease in the

thyroid was not suspected. Examination of this growth showed thyroid tissue."

6. Osler: "It may be mentioned that the aberrant, or accessory, thyroid gland may form large tumors in the mediastinum or in the pleura. I have reported two cases of this kind, and an instance is on record in which an enormous cystic accessory thyroid occupied the entire right pleura."

BIBLIOGRAPHY.

1. Howell: "Text Book of Physiology," 1914, p. 850.
2. Deaver: "Surgical Anatomy," p. 125.
3. McCallum: "A Text Book of Pathology," 1917, p. 807.
4. Wilhelm Faltz: "The Ductless Glandular Diseases," p. 53.
5. Thompson: "Practical Medicine," p. 537.
6. Osler: "Practice of Medicine," p. 751.