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Dear Editor

A 42-year-old woman was referred to us for evaluation of a suspicious mass in her left thyroid gland. She had experienced left anterior neck pain and odynophagia for a few weeks. Ultrasonography (US) demonstrated a heterogenous and hypoechoic mass with bright internal hyperechoic foci and a partial surrounding halo involving the posterior aspect of the left thyroid lobe (Figure 1). Computed tomography (CT) of the neck with contrast enhancement demonstrated a soft tissue mass with internal air between the left



Figure 1: Sonographic examination demonstrated a heterogenous and hypoechoic mass with bright internal hyperechoic foci and a partial surrounding halo involving the posterior aspect of the left thyroid lobe.

Case Report

Killian-Jamieson Diverticulum Mimicking a Thyroid Tumor

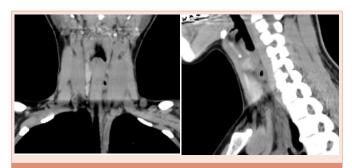


Figure 2: Computed tomography of the neck with contrast enhancement demonstrated a soft tissue mass with internal air between the left back side of the thyroid and esophagus.



Figure 3: Barium swallow pharyngoesophagography showed a barium-filled sac protruding from the left anterolateral wall of the cervical esophagus.

back side of the thyroid and esophagus (Figure 2). Barium swallow pharyngoesophagography showed a barium-filled sac protruding from the left anterolateral wall of the cervical esophagus (Figure 3).

We herein report a case of Killian-Jamieson diverticulum mimicking a thyroid tumor. Killian-Jamieson diverticulum is a rare form of hypopharyngeal pulsion diverticulum resulting from herniation of mucosa and submucosa through an area of weakened musculture [1]. The diverticulum is caudal to that of the more common Zenker's diverticulum [2]. These hypopharyngeal diverticula that cause dysphagia sometimes mimic a thyroid tumor incidentally detected on neck US [3,4], because it looks like a hypoechoic mass



with calcifications in the thyroid. For a differential diagnosis, it may be important to show mobility of the mass by swallowing and moving the head. Kim et al. proposed to show changes in the shape of a mass after drinking soda [5].

In the present case, diagnosis by pharyngoesophagography and CT images, together with US, prevented an unnecessary fine needle-aspiration biopsy. Such a fine needle-aspiration biopsy could have been potentially harmful in the context of Killian-Jamieson diverticulum. Clinicians should pay attention to the presence of the diverticulum.

Disclosure

None of the authors have anything to disclose.

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