Adenoma of Thyroid in a Female Child aged 8 years
(A Case Report)

T.K. LAKSHMIKANTH*, M.S. VENKATESH**

(From The Department of Surgery, Karnataka Medical College, Hubli)

ABSTRACT

Thyroid adenomas are rare in children. At the Mason clinic the incidence of adenomas in Childhood goiters was 1.5% during a 16 year study[1]. Most of the studies report thyroid adenomas in the adolescent age group [2,3,4]. In 20 years experience at the John Hopkins Paediatric Endocrine Service only 2 such cases were found[5]. The rarity of such a case is presented and the literature is briefly reviewed.

(Key words: Thyroid, adenoma, Goiter)

INTRODUCTION

Thyroid adenomas are very rare under the age of 10 years. In the series studied by Shivaji Rao and Srinivasa Rao[6], there was no such case reported in 0-10 years age group. Rosenbloom[5] in 1973 reported a case of functional thyroid adenoma in a 9 year old child. Hagler[4] could find only one case of thyroid adenoma in a female child aged 8 years out of 4 cases of thyroid adenomas in his study of solitary thyroid nodules in children. Benign nodules in the thyroid are produced by a variety of pathological conditions and their surgical import varies accordingly. Nodules may be solitary or multiple. Benign solitary nodules are defined as epithelial tumours arising from the parenchyma of thyroid gland characterised by a well defined capsule, uniform cell pattern, a long duration and without signs of malignancy either clinical or pathological. In contrast, nodules in a multinodular goiter are a result of hyperplasia involution cycles, and are multiple and poorly encapsulated (Warren and Meissner).

CASE REPORT

An eight year old female child was admitted in Surgical 'B' unit K.M.C., Hubli with the history of swelling in the front of the neck since 3 years. The swelling had a gradual progression without any regression in size. There were no symptoms of dysponea, dysphagia, dysphonia, hyperthyroidism or hypothyroidism. Patient had not attained Menarche. There was no similar family history. Vital parameters were normal, weight 15-kgs. Moderate degree of pallor was present. Local examination revealed a solitary nodule of thyroid 3 x 4 cms in size involving the right lobe and isthmus moving with deglutition, smooth surface with well defined borders and firm consistency. Carotids were felt normally. Trachea was deviated to the left. Regional lymphnodes were not enlarged. Thrill and bruit were absent. There was no movement with protrusion of the tongue. Liver was enlarged, smooth, firm, non tender, 4 cms below the right costal margin. Splenomegaly was present 3 cms below the left costal margin. No evidence of ascites. Haematological and biochemical investigations were within normal limits. X-Ray neck (794/1018) showed lateral compression of trachea with shift to the left. Chest X-ray was normal. F.N.A.C. of thyroid was [illegible]