Ectopic Tonsillar Thyroid

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Although the usual site of ectopic thyroid tissue is lingual, it has occasionally been reported in varied sites, namely, sublingual, along the thyroglossal tract, intra laryngotracheal, pericardium, esophagus, heart and even diaphragm(1,2). We report an unusual site of origin of ectopic thyroid-palatine tonsil in a neonate.

A 9-day-old male child presented to the Department with an asymptomatic pedunculated polypoid mass arising from the left palatine tonsillar region. The polyp measured 2.0 cm in diameter, the stalk was 3 cm long. No other associated abnormality was noted. A clinical diagnosis of tonsillar choristoma was entertained. Surgical excision using cantery was done.

Histopathological examination showed the polyp covered with squamous epithelium. The core of the polyp consisted of a mixture of mature colloid-containing follicles and less mature foci of small, glandular fetal thyroid tissue. The biopsy was reported as thyroid tissue (*Fig. 1*).

The post-operative period was uneventful. Thyroid function tests and thyroid scan done after a week of surgery established the presence of normal thyroid tissue in the neck. The child is under regular follow up and is doing well.

The thyroid primordium develops as an endodermal bud from the ventral floor of

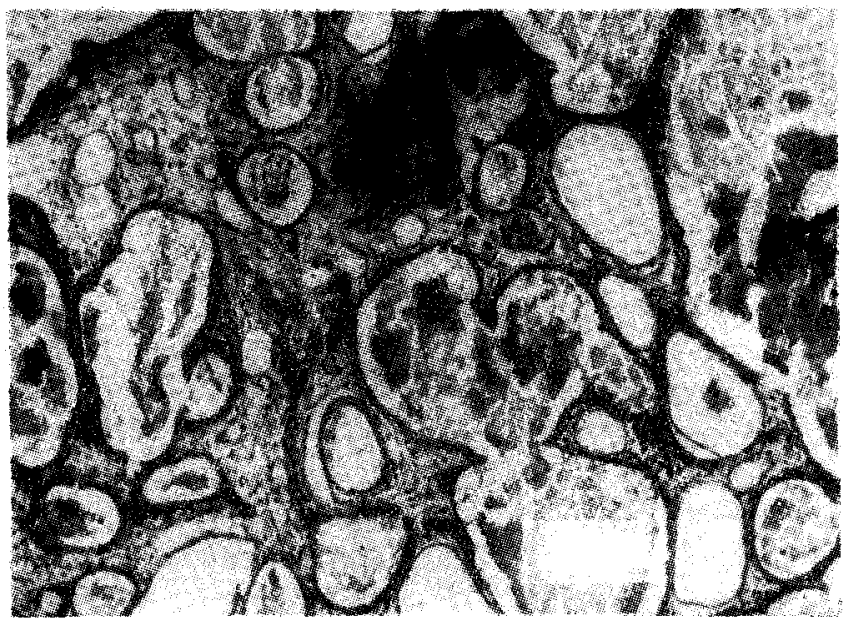

Fig. 1. Microphotograph of core structure of the polyp showing thyroid tissue (10 × 10 magnification).

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the pharynx in the region of first and second bronchial arches. Palatine tonsil also has its origin from the ventral portion of the second endodermal pouch(3). The aberrant position of the ectopic thyroid tissue in the tonsillar region can thus be easily explained.

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Bilateral Congenital Eventration of the Diaphragm

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Eventration of the diaphragm is a condition characterized by an abnormally elevated diaphragm which is attenuated but otherwise intact. Thomas(1) has classified eventrations into two types: congenital or non-paralytic and acquired or paralytic. Congenital eventration is due to incomplete muscularisation of the diaphragm while the acquired variety usually results from injury to phrenic nerve. Eventrations, both congenital and acquired, are usually unilateral. We report a case with bilateral eventration which is an extremely rare condition, associated with high mortality.

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Case Report

A male baby was born to a 28-year-old, second gravida mother by Cesarean section at 37^{+6} weeks of gestation. Antenatal period was uneventful. The infant weighed 2940 g at birth and had Apgar scores of 6 and 8 at 1 and 5 minutes, respectively. He developed respiratory distress with marked subcostal recessions soon after birth. Chest radiograph showed both domes of the diaphragm to be abnormally elevated (*Fig. 1*) and ultrasound revealed a thin intact diaphragm. Over next few hours, his condition worsened necessitating ventilatory support. There was a marked improvement clinically and a repeat radiograph showed the diaphragm to be in the normal position. While on the mechanical ventilator, he developed *Acineobacter anitratus* septicemia with pneumonia and was treated with cefotaxime and amikacin. Numerous attempts to wean him off the ventilator were unsuccessful. Later, his respiratory function deteriorated with recurrence of pneumonia. Blood culture was positive for *Canadia albicans.* He was treated with oral itraconazole initially and amphotericin B later. However, he continued to