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Image in Endocrinology

Zenker Diverticulum Masquerading as a Thyroid Nodule

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Image Legend

A 60-year-old woman with thyroid goiter came for a regular follow-up. At initial presentation, she had a nonsymptomatic neck mass. Physical examination revealed a firm, nonmovable, 2 cm nodule on the left side of the thyroid gland. Initial ultrasound revealed solid-cystic nodules, 1.9 cm at the left lower pole of the thyroid gland and 1.4 cm at the left upper pole nodule with some calcification as shown in Fig. 1 (A). Fine-needle aspiration at the left lower pole nodule was done with benign cytology, and suppressive therapy with levothyroxine 100 microgram per day was given. Twelve years later, a neck ultrasound was performed again with an experienced radiologist and Zenker diverticulum at the area of the left upper pole was suspected. The reasons were separation of the lesion from the thyroid tissue (B) and the presence of a multilayered structure in the boundary echo of the nodule (C). Subsequently, computed tomography showed a small collection of air at the posterior border of the left lobe of the thyroid,

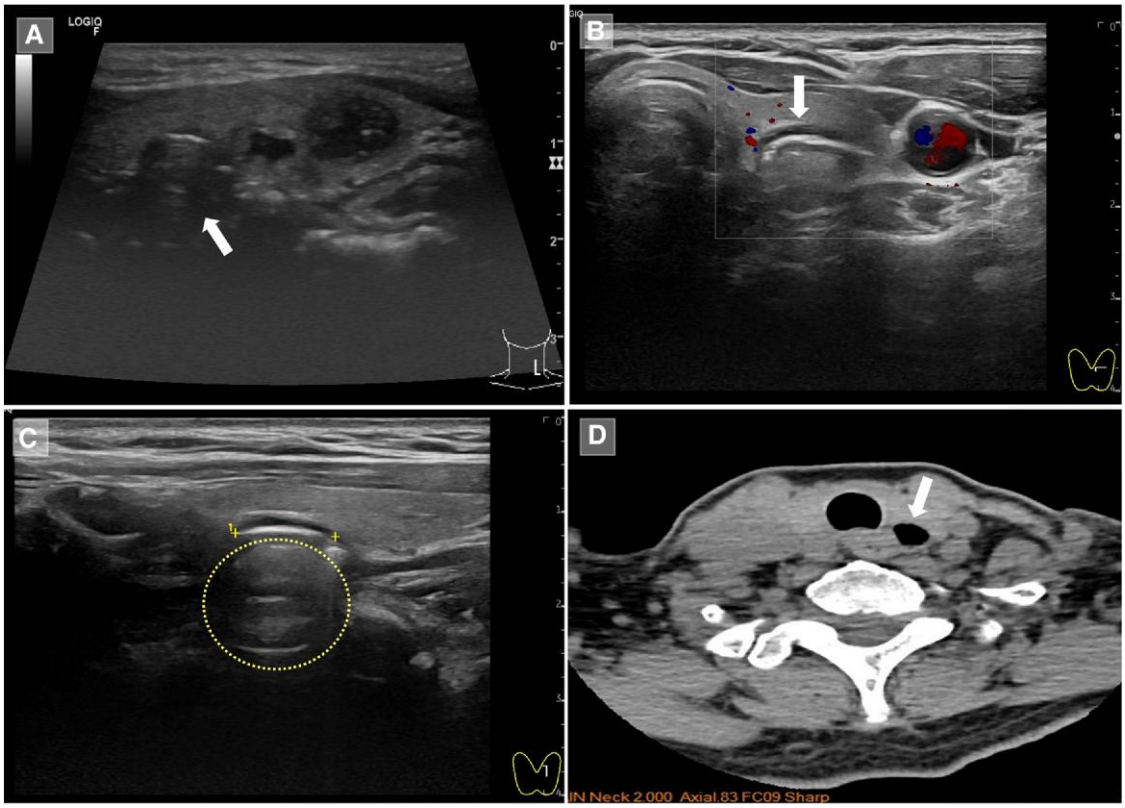

Figure 1. Zenker's diverticulum mimicked thyroid nodule in a patient with multinodular goiter.

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consistent with Zenker diverticulum (D). Her condition has not required surgical intervention, and suppressive therapy with levothyroxine was discontinued. Various nonthyroidal lesions can be mistaken for thyroid nodules. Zenker diverticulum should be suspected if heterogeneous internal echo with marked echogenic foci caused by air is found [1, 2].

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Disclosures

The authors have nothing to disclose.

Informed Patient Consent for Publication

Signed informed consent was obtained directly from patient.

Data Availability Statement

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

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