

Letter to editor

A Case of Lingual Thyroid Presenting with Severe Hematemesis in Pregnancy

Dear Editor,

I went through the article, "A Case of Lingual Thyroid Presenting with Severe Hematemesis in Pregnancy" by Sudke *et al.* published in May–August 2016, Volume 15, Issue 2. The manuscript is well-written with description of a rare manifestation of lingual thyroid, which carries an important message to rule out possibility of lingual thyroid in a pregnant woman manifesting with hematemesis when all other known causes are excluded. Hence, for such a rare entity of presentation and its appropriate management, an accurate diagnosis of the condition at the earliest is the key to better outcome. The author has well-described the various presentations of the rare condition including upper airway obstruction, dysphagia, or hypothyroidism and along with they have described the rare presentation of hematemesis in the 28 weeks pregnant woman. Also to add to the list, there is a possibility of the lingual thyroid that may cause hyperthyroidism or be the site of thyroid cancer development.^[1,2]

In lingual thyroid with obstructive symptoms, ¹³¹I therapy is an effective treatment modality for ablation of ectopic thyroid tissue as an alternative to surgery. However, for accurate diagnosis and localization of lingual thyroid, hybrid single-photon emission computed tomography (SPECT)/CT imaging using either iodine-123 or technetium 99m pertechnetate scan plays a very important role in current practice.^[3] This modality cannot be overlooked while discussing the investigation options for lingual thyroid, as SPECT/CT can provide both anatomical and functional information of lingual thyroid.

The diagnosis of lingual thyroid relies on clinical examination and cervical ultrasonography that identifies a vacant thyroid site and a lump on the tongue base

with a structure similar to thyroid tissue.^[4,5] As the patient was a pregnant lady and radionuclide scans are contraindicated, so it would have been better to opt for a nonradionuclide test such as ultrasonogram of the neck followed with FNAC to confirm the diagnosis. If still diagnostic dilemma would have been persisted, then a thyroid scan would have been more justified investigation.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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| Access this article online | |
|---|---|
| Quick Response Code:  | Website: www.wjnm.org |
| | DOI: 10.4103/1450-1147.181154 |

How to cite this article: Sahoo MK. A case of lingual thyroid presenting with severe hematemesis in pregnancy. *World J Nucl Med* 2016;15:218.

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