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## SURGICAL TECHNIQUE

# Excision of thymic remnants via cervicotomy



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## Introduction

Resection of thymic remnants via cervicotomy is a simple procedure that should be within the capacities of all endocrine surgeons. When one of the inferior parathyroid glands (P3) cannot be found during exploratory cervicotomy for hyperparathyroidism (HPT), it is necessary to remove the thymic remnant. Resection is also mandatory in secondary hyperparathyroidism (HPT2) as well as for surgical management of hyperthyroidism in patients with NEM1 multiple neuroendocrine disease because of the high prevalence of multiple parathyroid localizations and associated thymic tumors (approximately 3%), the prognosis of which is severe.

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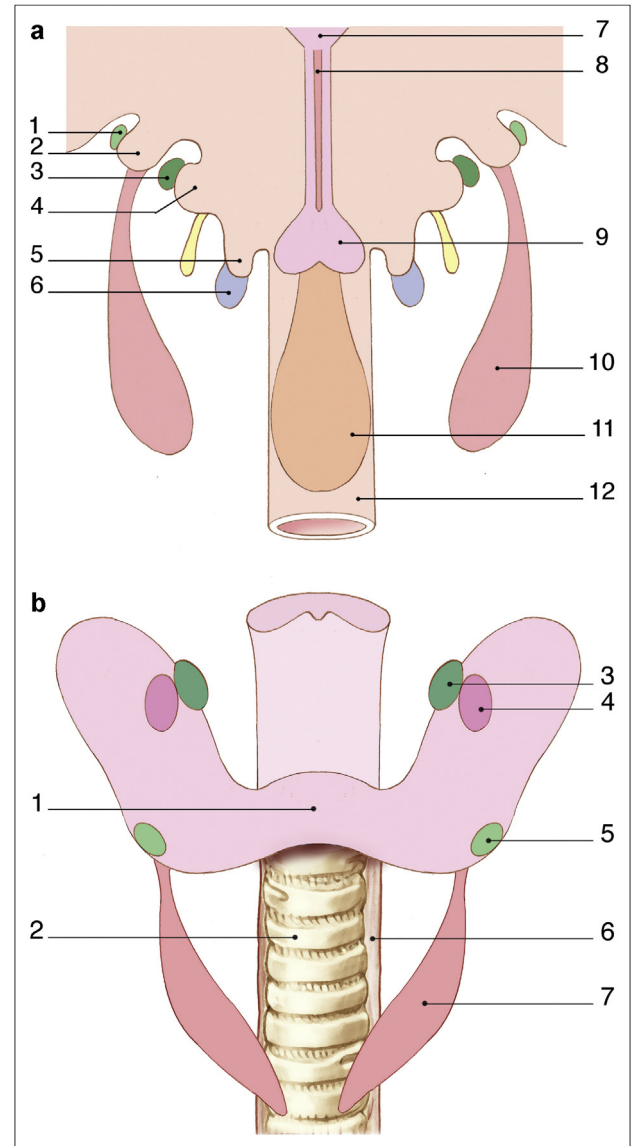
E-mail address: [christophe.tresallet@psl.aphp.fr](mailto:christophe.tresallet@psl.aphp.fr) (C. Trésallet).

## 1 Embryology and anatomy

The dorsal part of the inferior parathyroid gland (P3) arises embryonically from the third pharyngeal pouch while the ventral part derives from the thymus [1]. Both structures migrate together toward the cervicothoracic borderline. Most often, P3 migration stops under the lower pole of the thyroid, in the thyrothymic ligament, but it can sometimes be ectopically located in a mediastinal thymic remnant.

a: view of the primitive pharynx in a 8 to 10 mm embryo.  
 1: P3 parathyroid gland. 2: 3rd pharyngeal pouch. 3: P4 parathyroid gland. 4: 4th pharyngeal pouch. 5: 5th pharyngeal pouch. 6: ultimobranchial body. 7: foramen cecum. 8: thyroglossal tract. 9: median thyroid. 10: thymus. 11: trachea. 12: esophagus.

b: normal position of the thyroid, parathyroids and thymus.  
 1: median thyroid. 2: trachea. 3: P4 parathyroid. 4: ultimobranchial body. 5: P3 parathyroid gland. 6: esophagus. 7: thymus.



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