

Image of the Month

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A 56-YEAR-OLD WOMAN WAS REFERRED FOR evaluation of a multinodular goiter. Fine-needle aspiration of a dominant 4.6-cm nodule was consistent with a Hürthle cell neoplasm. She noted occasional vocal raspiness but denied any other symptoms of compression secondary to her goiter, such as dysphagia or respiratory distress. Preoperative laryngoscopy demon-

strated bilateral normal vocal cord motion. The patient was brought to the operating room for planned total thyroidectomy. At the time of surgery, the patient had the findings seen in **Figure 1**. Findings of a postoperative computed tomography scan are shown in **Figure 2**.

What Is the Diagnosis?

- A. Right-sided thoracic duct
- B. Right-sided inferior nonrecurrent laryngeal nerve
- C. Prominent ansa cervicalis
- D. Low-lying hypoglossal nerve

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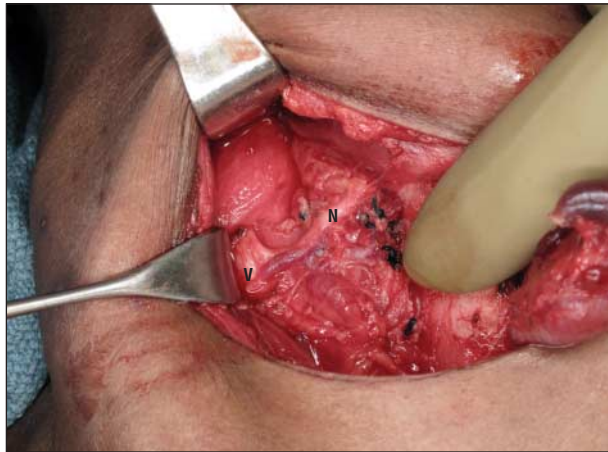


Figure 1. Intraoperative image demonstrating the right nonrecurrent laryngeal nerve exiting the carotid sheath and traveling medially to insert into the larynx. V indicates vagus; N, nonrecurrent laryngeal nerve.

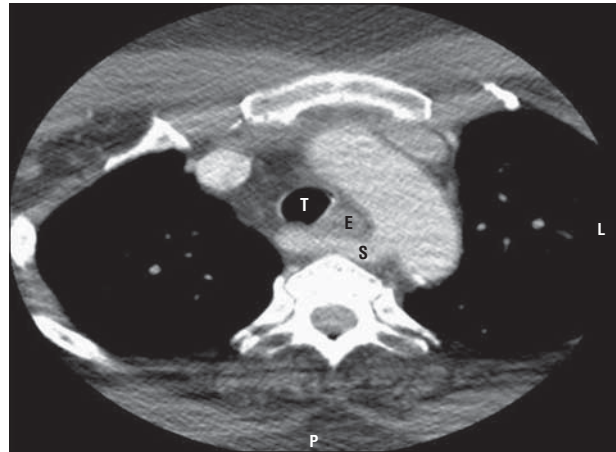


Figure 2. Computed tomography demonstrating the arteria lusoria or aberrant right subclavian artery coming directly off the aortic arch and coursing posteriorly behind the esophagus. T indicates trachea; E, esophagus; and S, subclavian artery.