Endoscopic ultrasound-guided tattooing of a retroesophageal parathyroid adenoma

Fig. 1 Magnetic resonance imaging showed a small retroesophageal mass (arrow) at the level of the first dorsal vertebral body.

Fig. 2 11C-methionine positron emission tomography-computed tomography images demonstrated a focal area of uptake in the retroesophageal space (arrows). This finding was suspicious for ectopic enlarged parathyroid gland.

Primary hyperthyroidism (PHPT) results from an ectopic adenoma located in a retroesophageal space in about 3% of cases [1]. In these patients, parathyroidectomy is a challenge even for skilled surgeons due to difficulty in identifying the lesion in a very limited operating space between the cervical and thoracic regions. Preoperative imaging techniques include ultrasound, positron emission tomography-computed tomography (PET-CT) and magnetic resonance imaging (MRI) [2,3]. Endoscopic ultrasound (EUS) has been proposed as a tool for detecting parathyroid adenomas [4–6]. This report describes the case of a 74-year-old woman with PHPT.

Preoperative 99mTc-sestamibi scintigraphy showed a parathyroid adenoma behind the esophagus, which was confirmed by MRI (● Fig. 1) and 11C-methionine PET-CT (● Fig. 2). In an attempt to facilitate surgical identification, an operative EUS was performed in order to tattoo the target nodule.

The adenoma was visible from the upper esophagus as a 13-mm iso-hyperechoic nodule with a peripheral cyst, behind the esophagus. A 25-gauge needle (Echo-Tip Ultra; Cook Medical, Limerick, Ireland) was used under EUS guidance to inject 1 mL of ink into the nodule (● Fig. 3). During the injection, a hyperechoic blush was visualized around the tip of the needle. No complications were observed.

The patient underwent surgery 3 days after the tattooing procedure. A video-assisted parathyroidectomy was performed. Behind the esophagus, the black tattooed nodule guided the surgeons to perform a gentle dissection and excision of the adenoma. The tattoo was extremely precise and no ink had spread into the surrounding tissue (● Fig. 4). The intraoperative serum parathyroid hormone assay showed a drop to the normal range, and calcium serum level reached the normal value within the first postoperative day.

EUS-guided tattooing has been used to mark the location of small pancreatic neuroendocrine tumors [7]. The present case represents the first report of EUS-guided tattooing of a retroesophageal parathyroid adenoma. Its use for preoperative marking of a small tumor can be helpful to the surgeon by making surgical removal more precise and less invasive and thus avoiding unnecessary dissection.

Fig. 3 Endoscopic ultrasound-guided fine-needle injection of ink into the parathyroid adenoma. The 25-gauge needle was seen as a hyperechoic line (arrow). 1 mL of sterile purified ink (dilution 0.5:10 000) was injected into the nodule and it was seen as a hyperechoic cloud inside the adenoma.

Fig. 4 The black tattooed nodule guided the surgeons to perform a gentle excision of the adenoma. Pathological analysis confirmed parathyroid adenoma.

Endoscopy_UCTN_Code_TTT_1AS_2AG

Competing interests: None

**Silvia Carrara¹, Luca Cozzaglio²,
Manol Jovani¹, Giovanna Pepe³,
Cristiana Bonifacio⁴, Andrea Ander-
loni¹, Alessandro Repici¹**

¹ Digestive Endoscopy Unit, Istituto Clinico Humanitas, Rozzano, Milan, Italy

² Division of Surgical Oncology, Istituto Clinico Humanitas, Rozzano, Milan, Italy

³ Nuclear Medicine, Istituto Clinico Humanitas, Rozzano, Milan, Italy

⁴ Radiology, Istituto Clinico Humanitas, Rozzano, Milan, Italy

References

- 1 Sagan D, Gozdzik K. Surgical treatment of mediastinal parathyroid adenoma: rationale for intraoperative parathyroid hormone monitoring. *Ann Thorac Surg* 2010; 89: 1750–1755
- 2 Purz S, Kluge R, Barthel H et al. Visualization of ectopic parathyroid adenomas. *N Engl J Med* 2013; 369: 2067–2069
- 3 Udelsman R, Pasioka JL, Sturgeon C et al. Surgery for asymptomatic primary hyperparathyroidism: proceedings of the third international workshop. *J Clin Endocrinol Metab* 2009; 94: 366–372
- 4 Ersoy R, Ersoy O, Evranos Ogmen B et al. Diagnostic value of endoscopic ultrasonography for preoperative localization of parathyroid adenomas. *Endocrine*. In press 2014. doi: 10.1007/s12020-013-0152-3
- 5 Fusaroli P, Kypraios D, Caletti G et al. Pancreatico-biliary endoscopic ultrasound: a systematic review of the levels of evidence, performance and outcomes. *World J Gastroenterol* 2012; 18: 4243–4256
- 6 Graff-Baker A, Roman SA, Boffa D et al. Diagnosis of ectopic middle mediastinal parathyroid adenoma using endoscopic ultrasonography-guided fine-needle aspiration

with real-time rapid parathyroid hormone assay. *J Am Coll Surg* 2009; 209: e1–4

- 7 Lennon AM, Newman N, Makary MA et al. EUS-guided tattooing before laparoscopic distal pancreatic resection. *Gastrointest Endosc* 2010; 72: 1089–1094

Bibliography

DOI <http://dx.doi.org/10.1055/s-0034-1377586>
Endoscopy 2014; 46: E496–E497
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author

Silvia Carrara, MD
Digestive Endoscopy
Istituto Clinico Humanitas
Via Manzoni 56
Rozzano 20089
Italy
silvia.carrara@humanitas.it