



ANATOMY & DEVELOPMENT OF THYROID & PARATHYROID GLANDS

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Intended Learning Outcomes (ILOs)

1. Describe anatomy of thyroid gland (features, relation & blood supply).
2. Describe anatomy of parathyroid glands (features, relation & blood supply).
3. Describe development of thyroid and parathyroid glands.
4. Summarize congenital anomalies of thyroid and parathyroid glands.

Agenda

1. Anatomy of thyroid gland (features, relation & blood supply).
2. Anatomy of parathyroid glands (features, relation & blood supply).
3. Development of thyroid and parathyroid glands.
4. Congenital anomalies of thyroid and parathyroid glands.



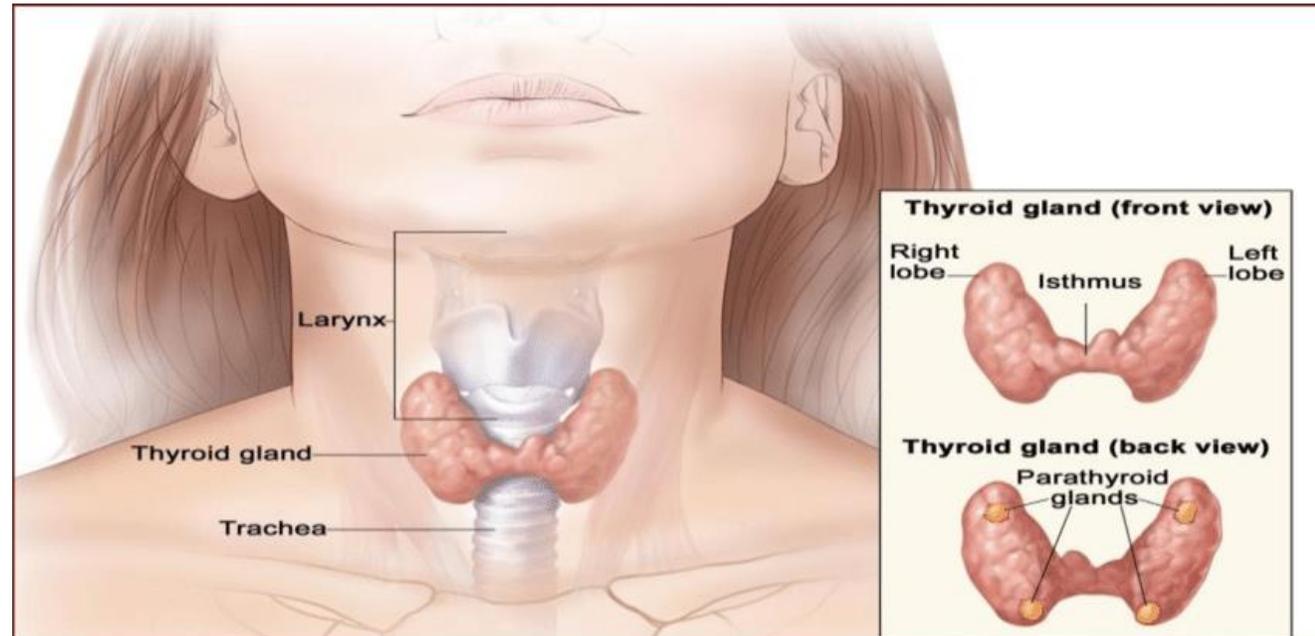
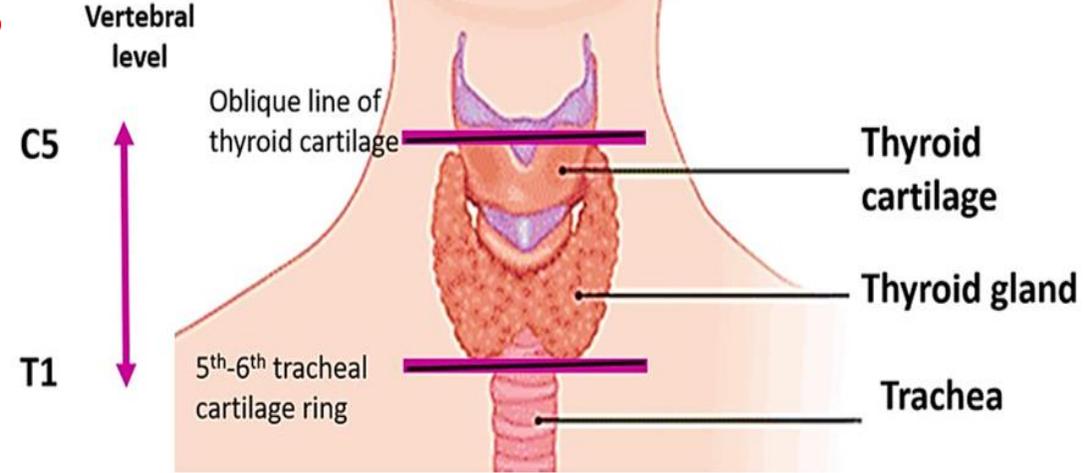


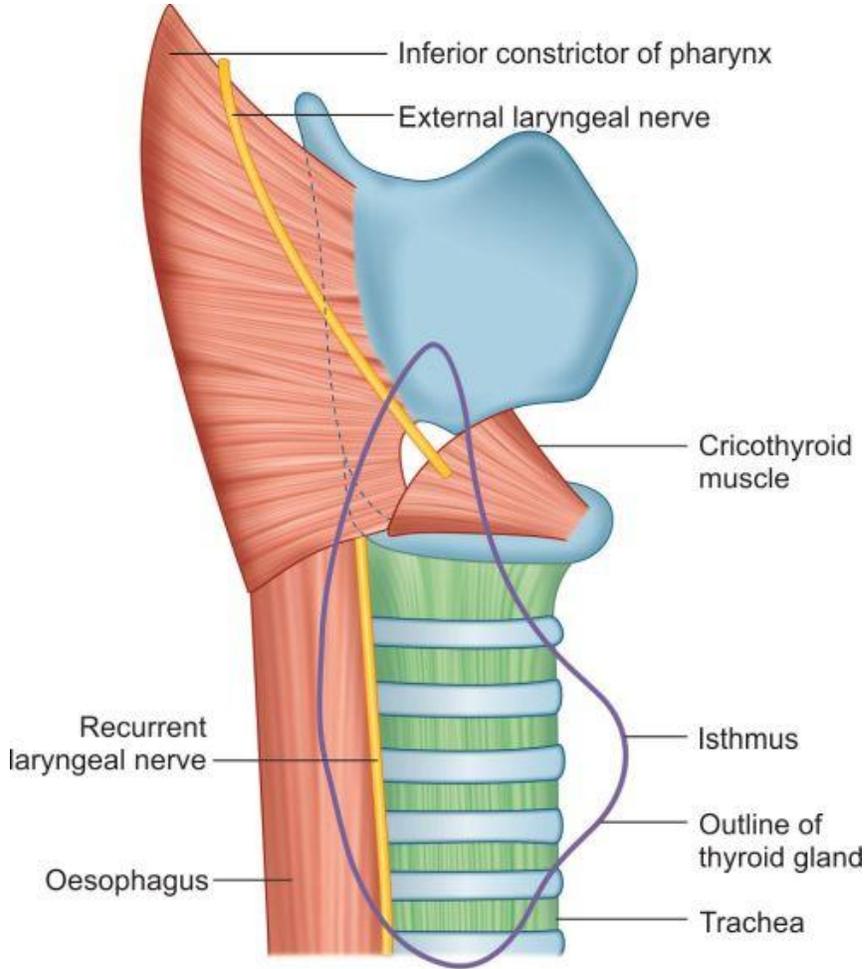
Anatomy of Thyroid Gland



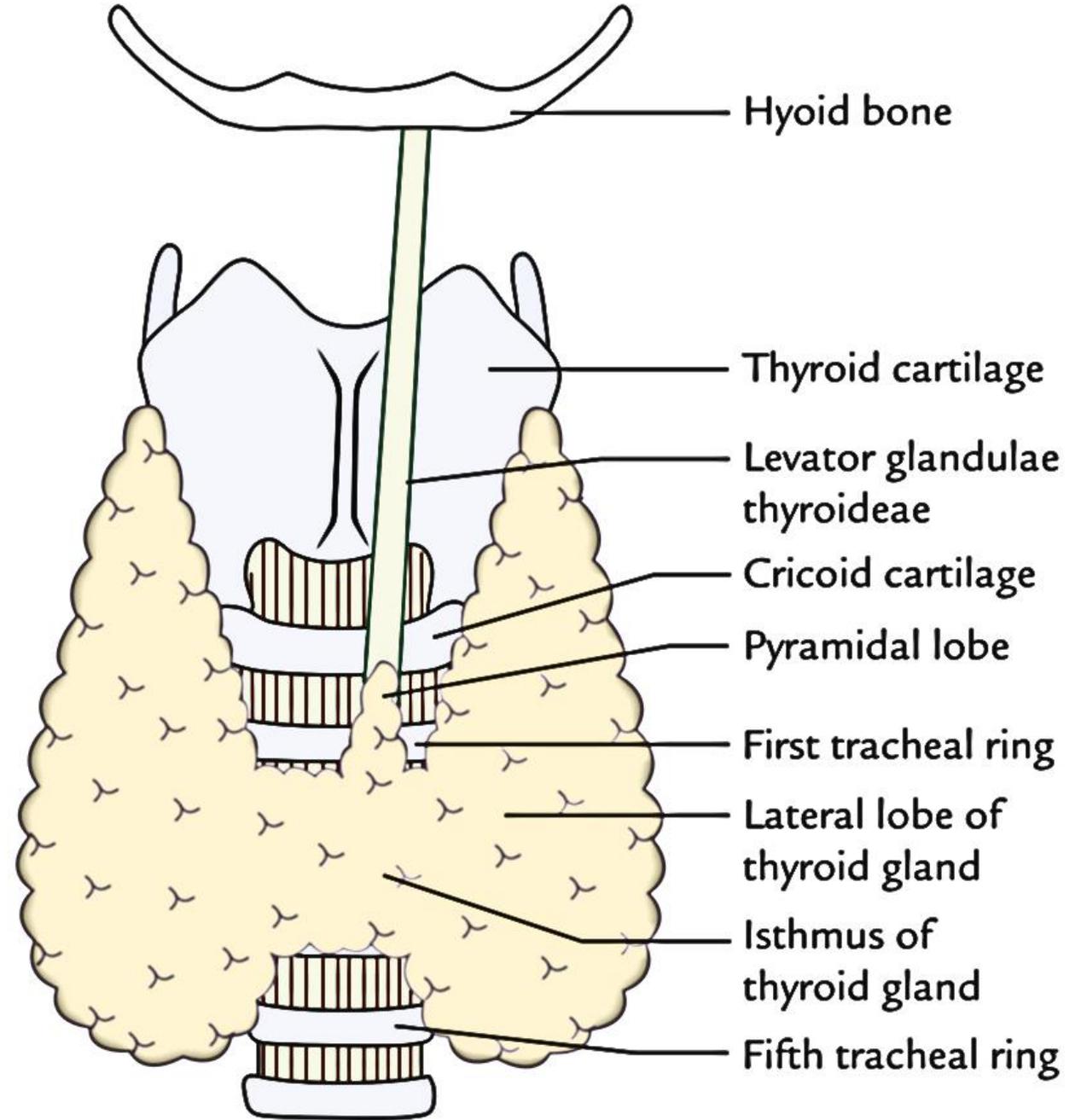
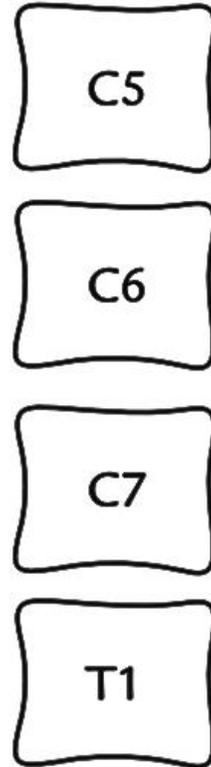
Extent

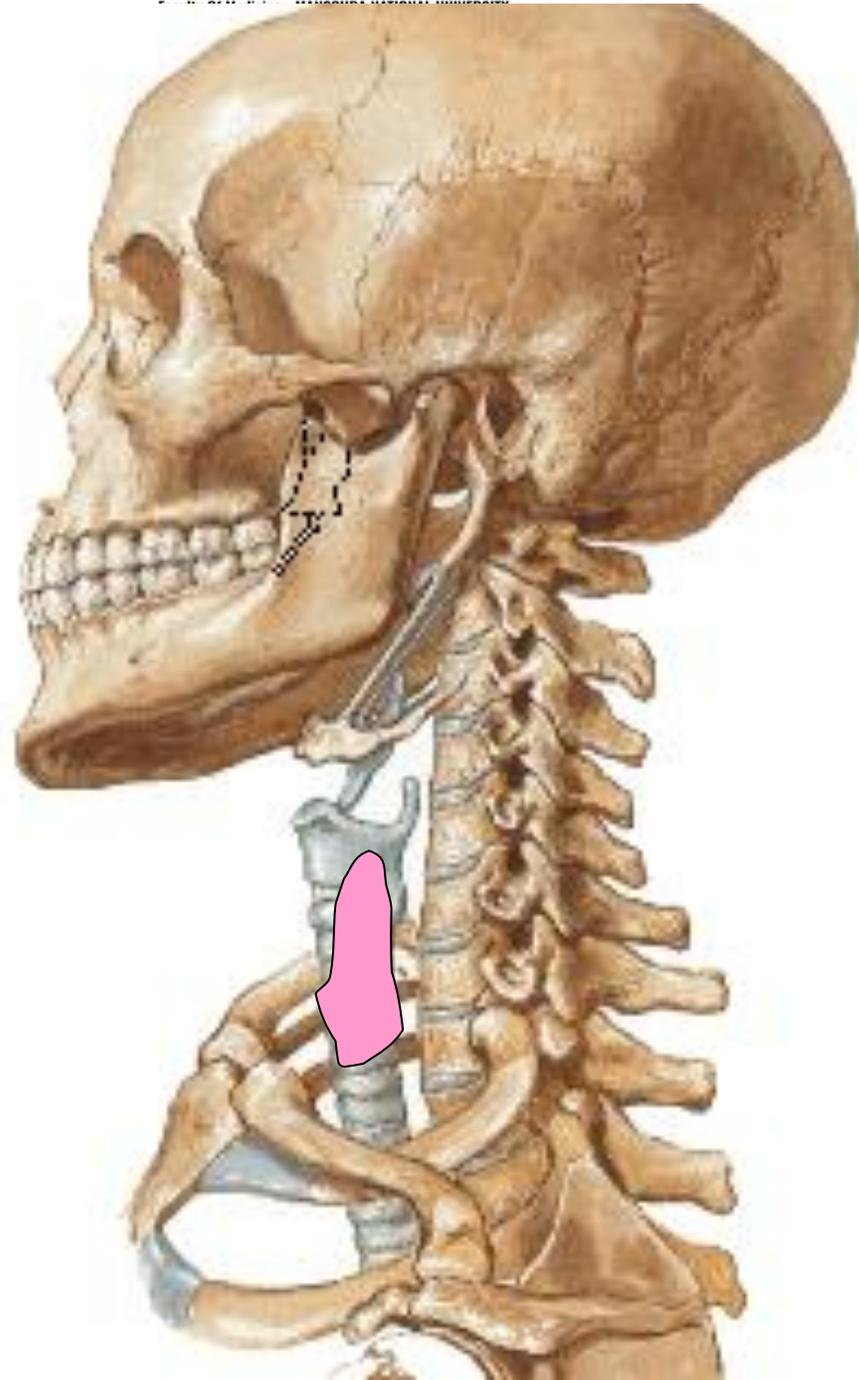
- in the lower part of front of neck
- extending from middle of thyroid cartilage to 5th tracheal ring
- opposite 5th, 6th, 7th cervical vertebrae & 1st thoracic vertebra (behind)





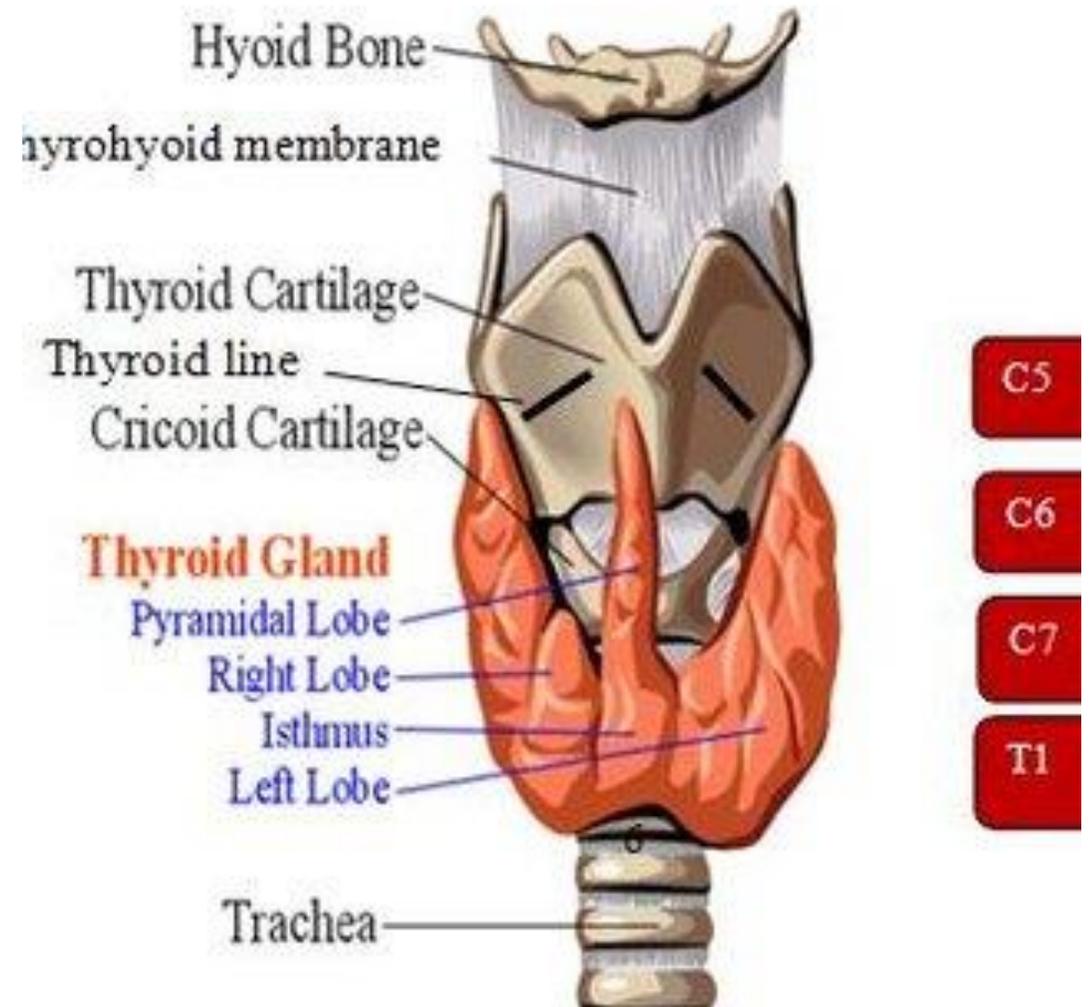
Vertebral levels





Shape

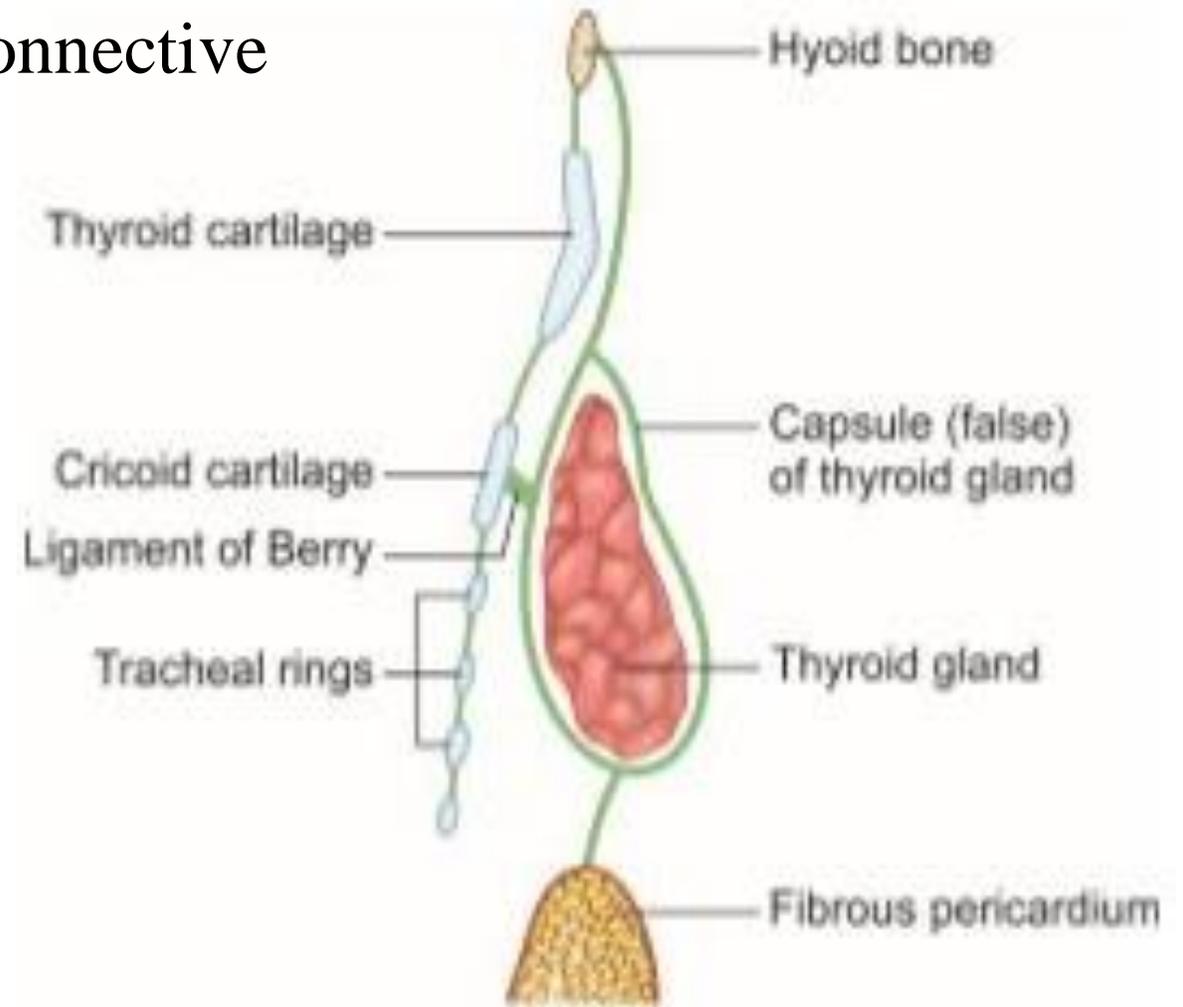
- ✦ **Butterfly** in shape.
- ✦ Formed of
 1. Right & left lobes.
 2. Isthmus connecting the 2 lobes.
 3. Pyramidal lobe



Capsules

A. True capsule: condensation of connective tissue of the gland.

B. False capsule: a sheath of **pretracheal fascia**, which fixes the gland to **hyoid bone**, **thyroid & cricoid cartilage**. (the gland moves up and down with swallowing)



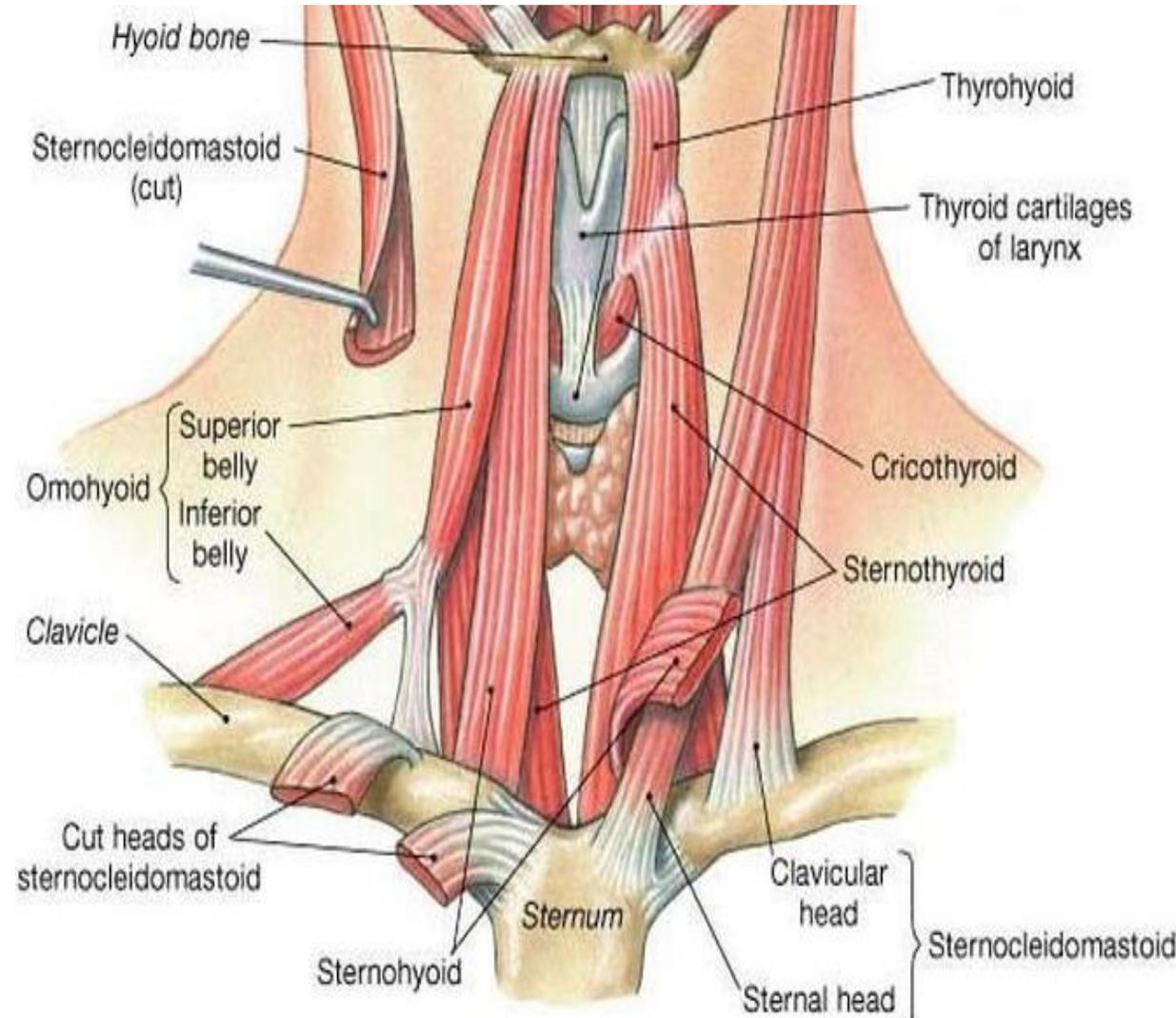


Surfaces & Relations

Lateral surface

Superficial (lateral) surface, is full & rounded & is Covered by:

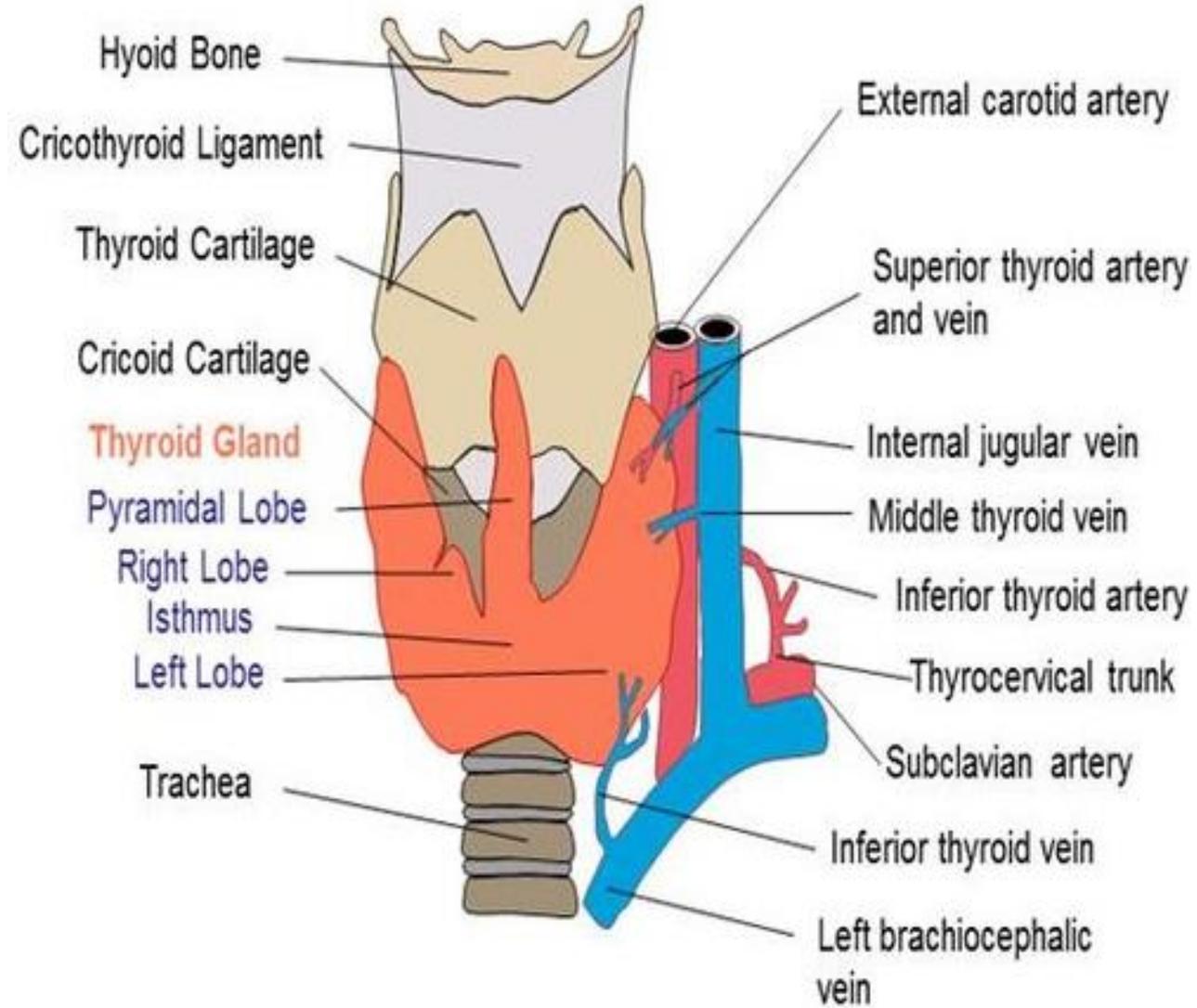
- i. **Superior belly of omohyoid**, at its upper part.
- ii. **Sternomastoid**, at its lower part.
- iii. **Sternohyoid & sternothyroid**, at middle



Posterior surface

Carotid sheath:

- A. Common carotid artery
- B. Internal jugular vein
- C. Vagus in between



Medial surface

1. Upper part:

A. Larynx

B. Pharynx

C. External laryngeal nerve

in between

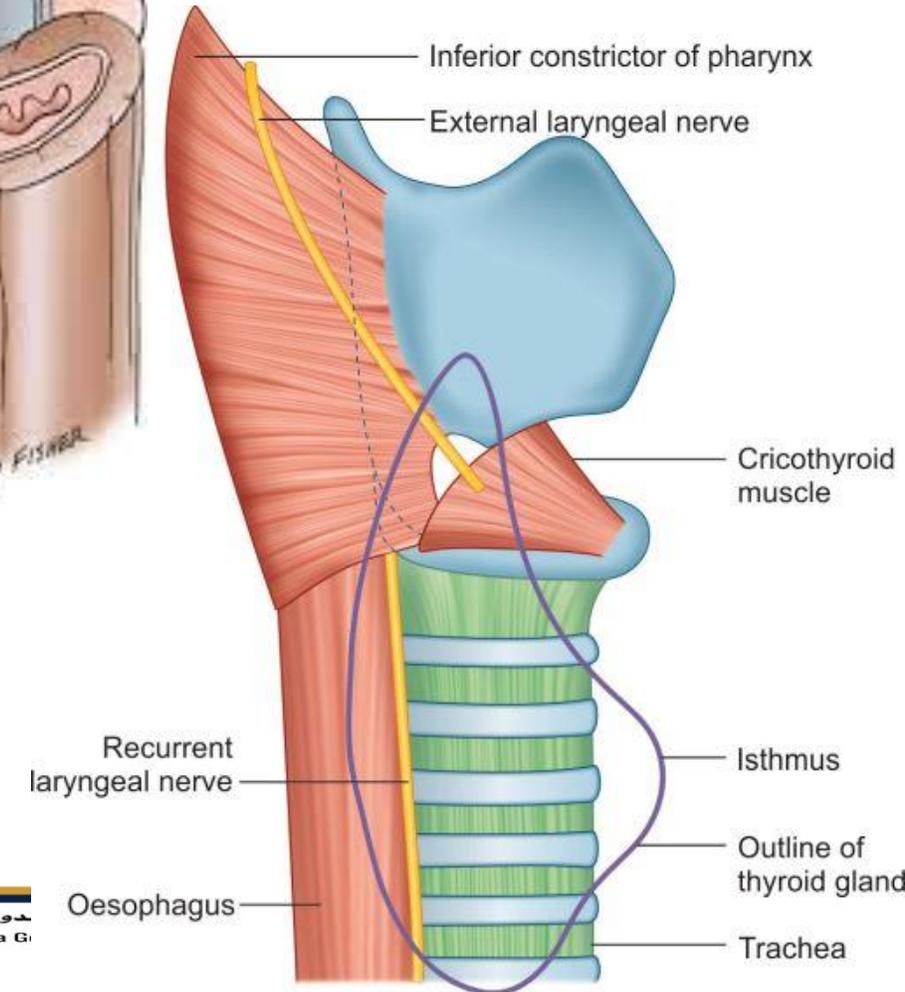
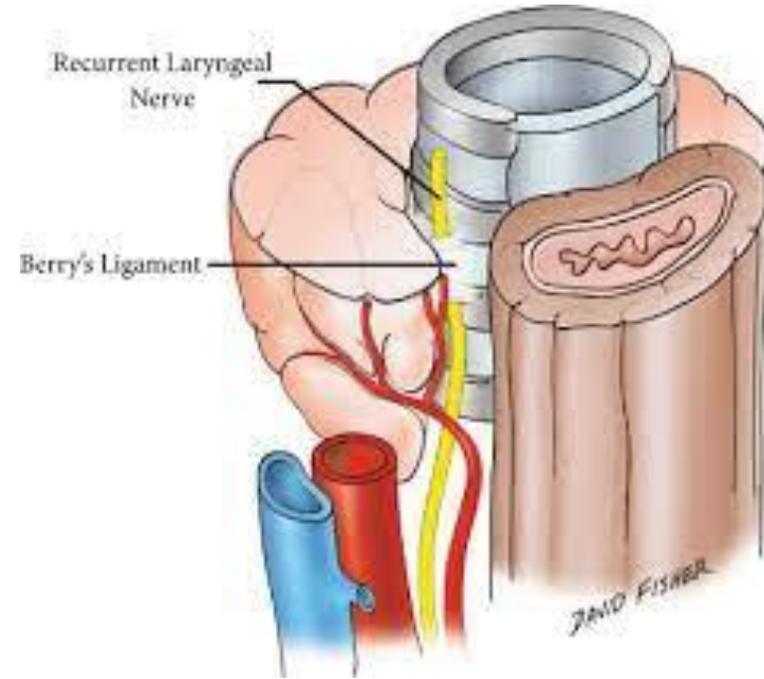
2. Lower part:

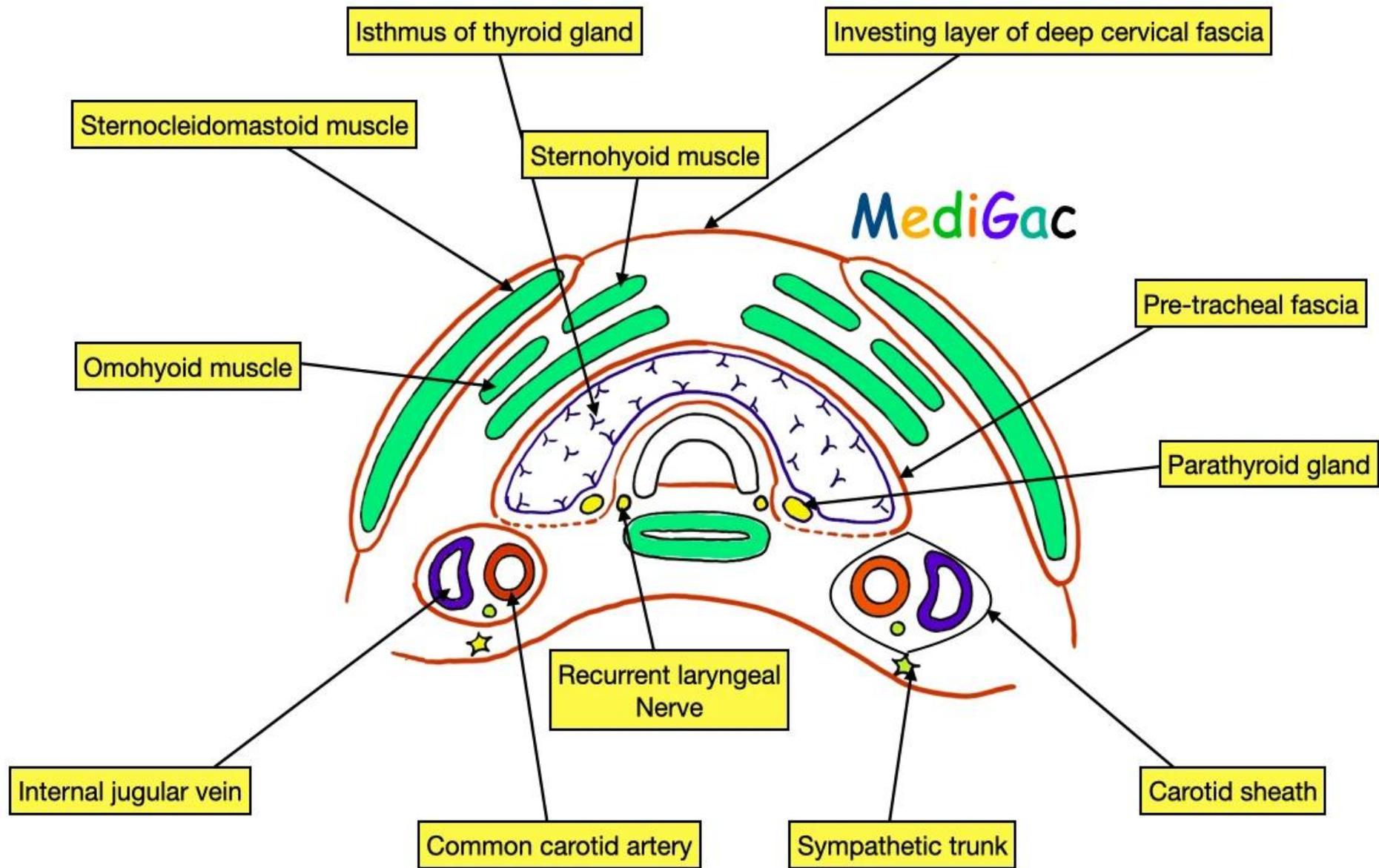
A. Trachea

B. Esophagus

C. Recurrent laryngeal n. in

between



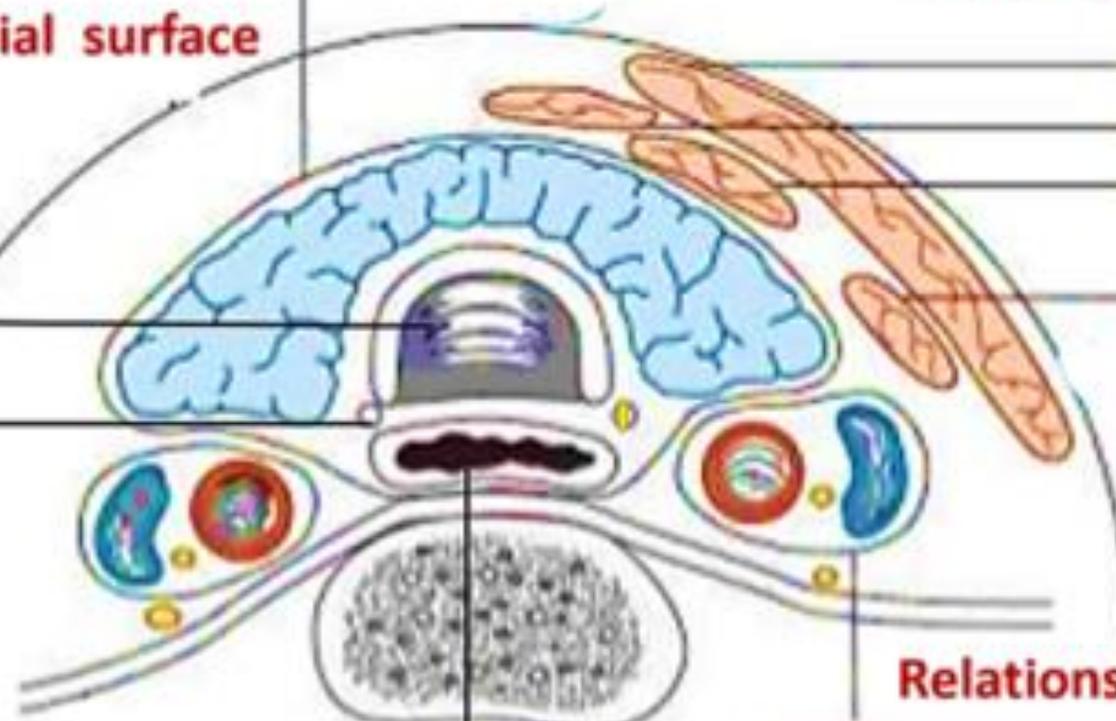


Pre- tracheal fascia

Relations of Medial surface

Relations of lateral surface

- Sternocleidomastoid
- Sternohyoid
- Sternothyroid
- Omohyoid



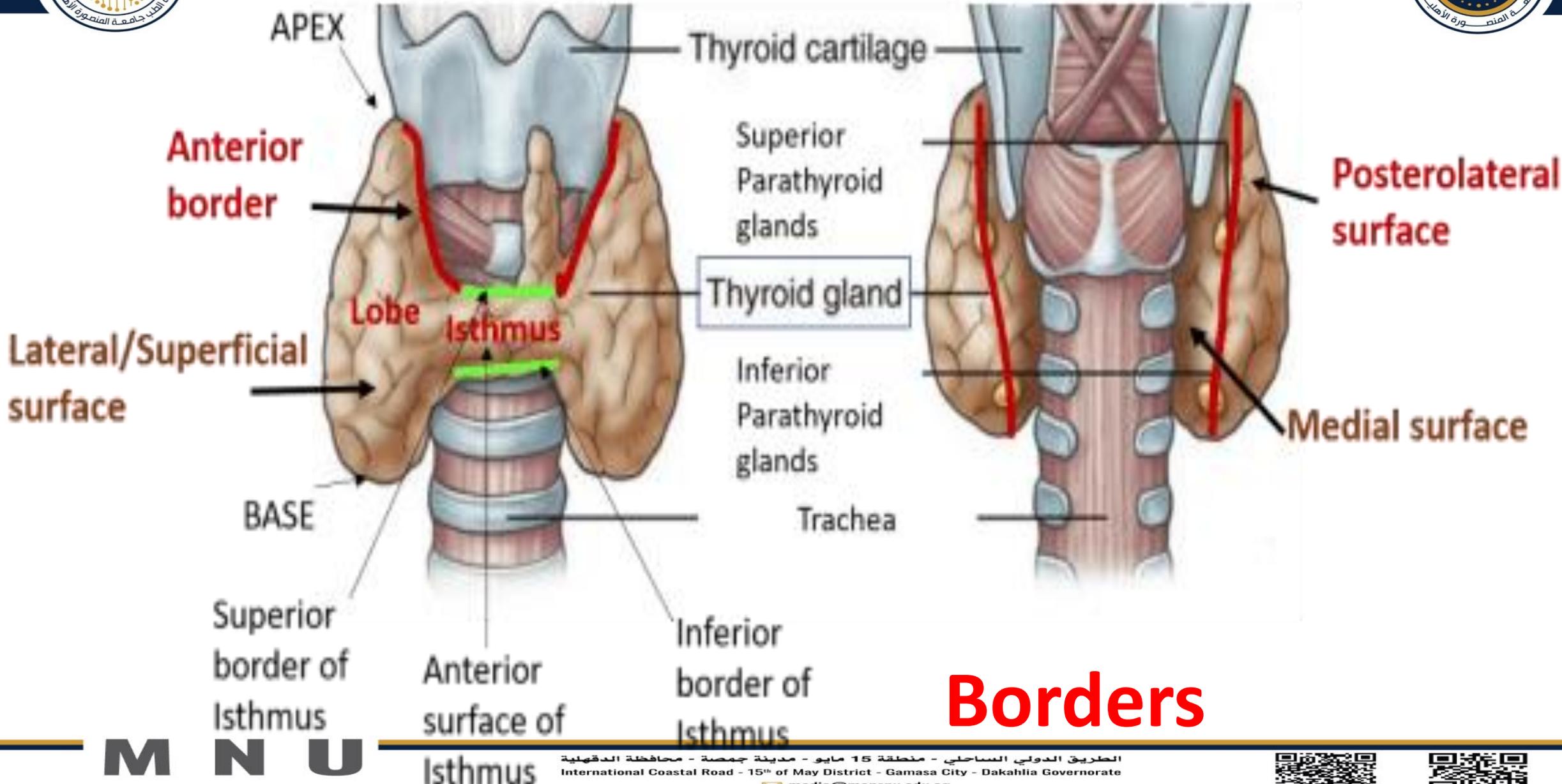
Relations of Posterolateral surface

- Trachea
- Recurrent laryngeal nerve
- Oesophagus

- Carotid sheath containing common carotid artery, internal jugular vein and vagus nerve

Anterior

Posterior



Borders

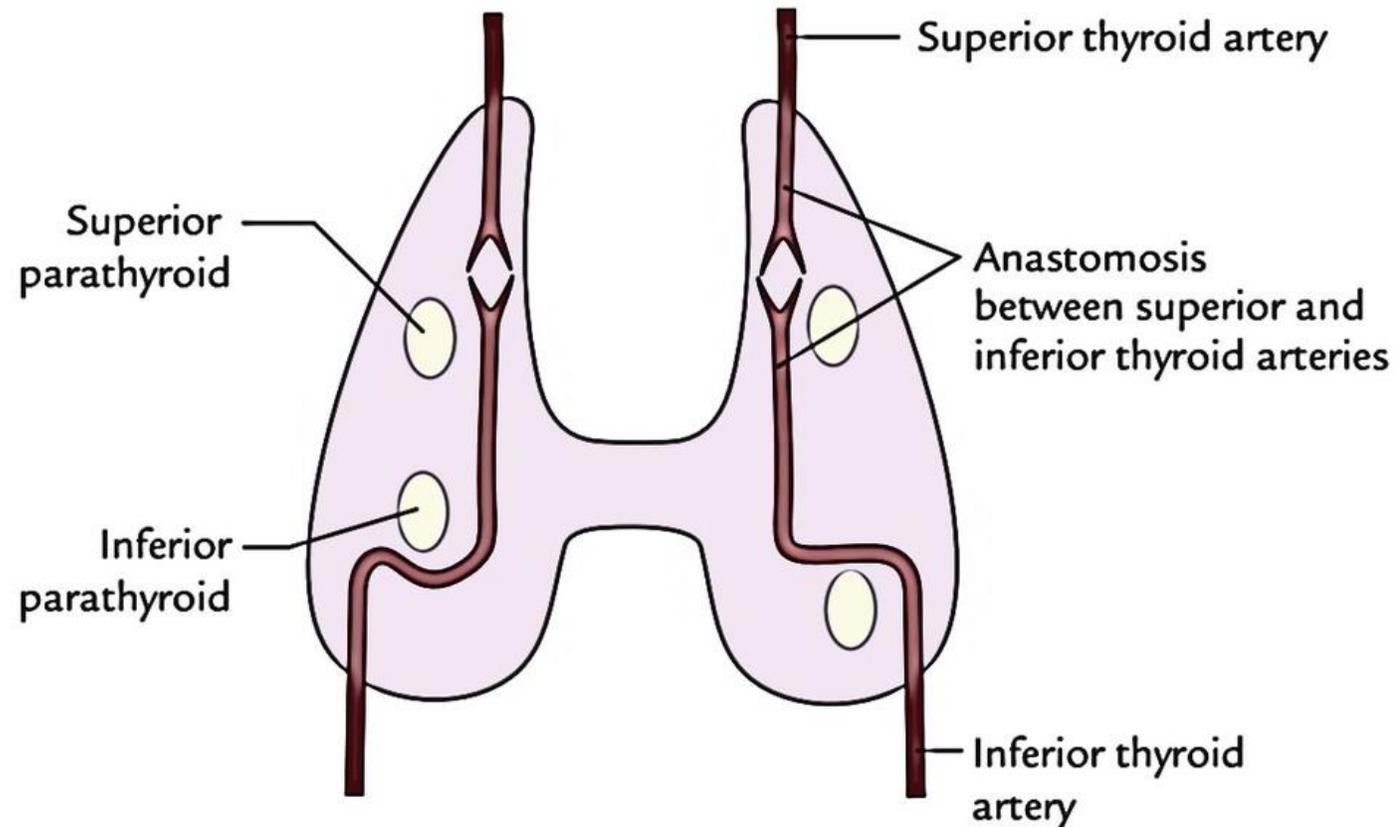
Borders

Anterior border:

Related to anterior branch of **superior thyroid artery**.

Posterior border:

Related to **parathyroid glands**, inferior thyroid artery & anastomosis between superior & inferior thyroid arteries



Isthmus of thyroid gland

It connects the two lobes.

➤ Surfaces:

A. Anterior surface: is covered by:

- Sternohyoid
- Anterior jugular veins.
- Sternothyroid

B. Posterior surface: related to

2nd, 3rd & 4th tracheal rings

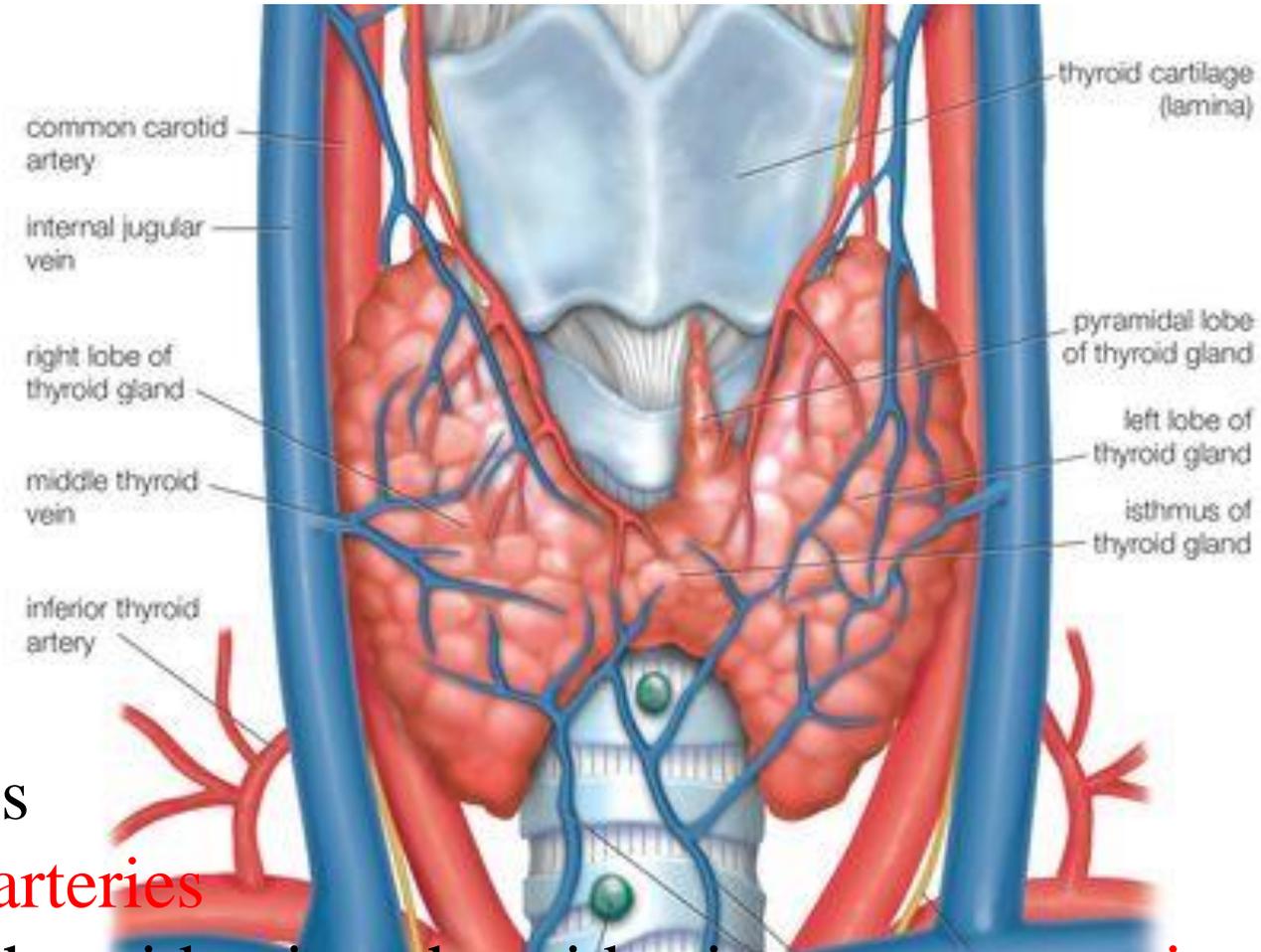
➤ Borders:

A. Upper border: shows anastomosis

between the two **superior thyroid arteries**

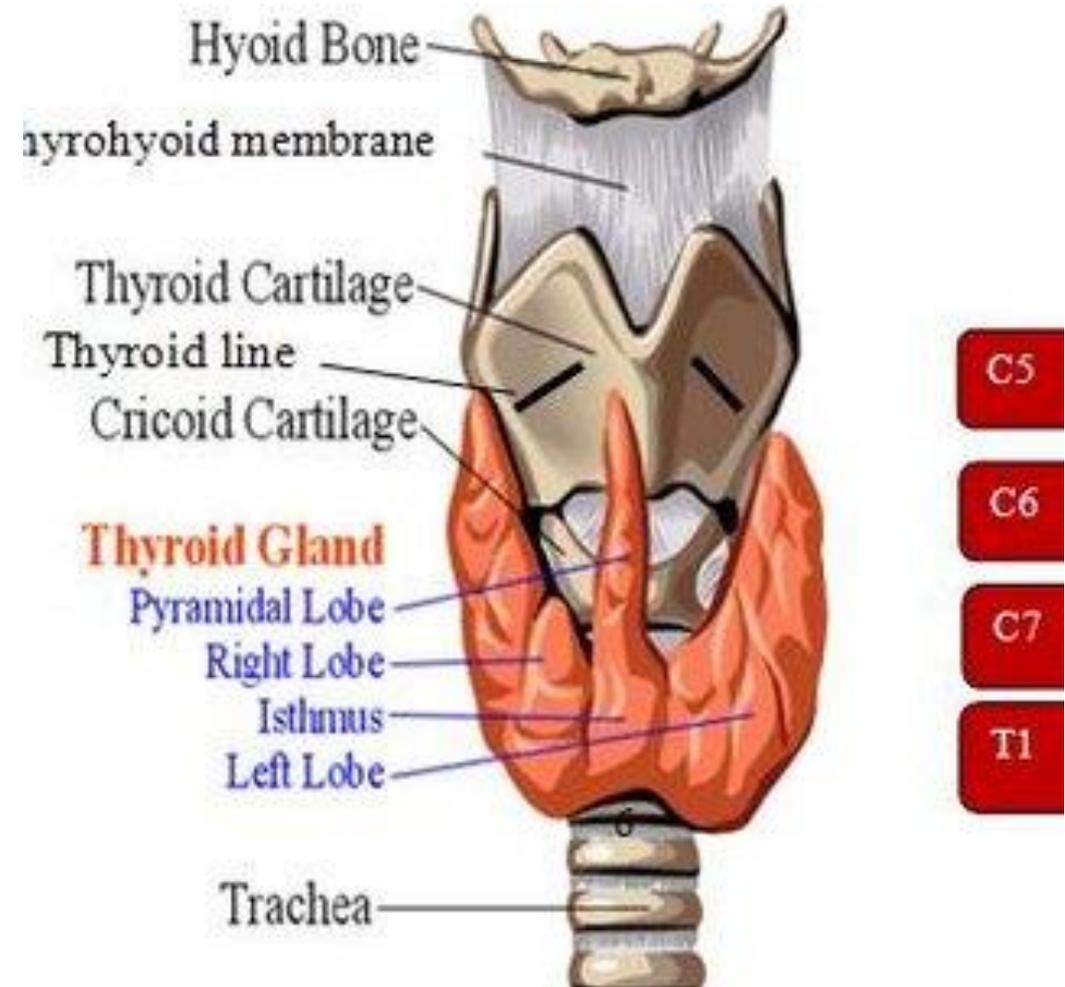
B. Lower border: related to inferior thyroid veins, thyroidea ima, **anastomosis**

between inferior thyroid arteries



Relations of the pyramidal lobe

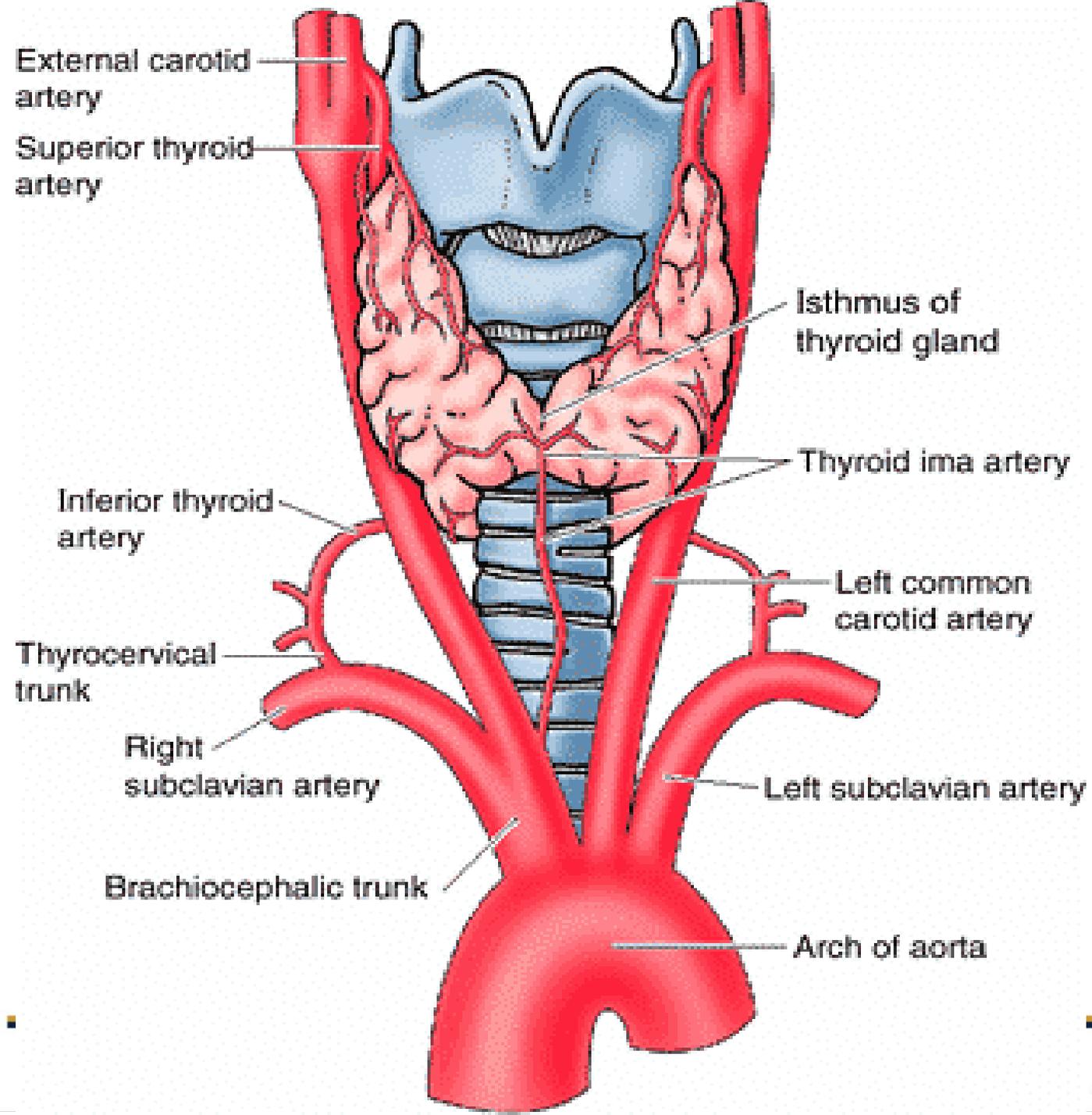
- It is a small conical process that extends from the upper border of the isthmus.
- It connected to the hyoid bone by a fibromuscular band, the **levator glandulae thyroidea**.





Blood supply of thyroid gland





1. Superior thyroid artery

The Superior Thyroid Artery

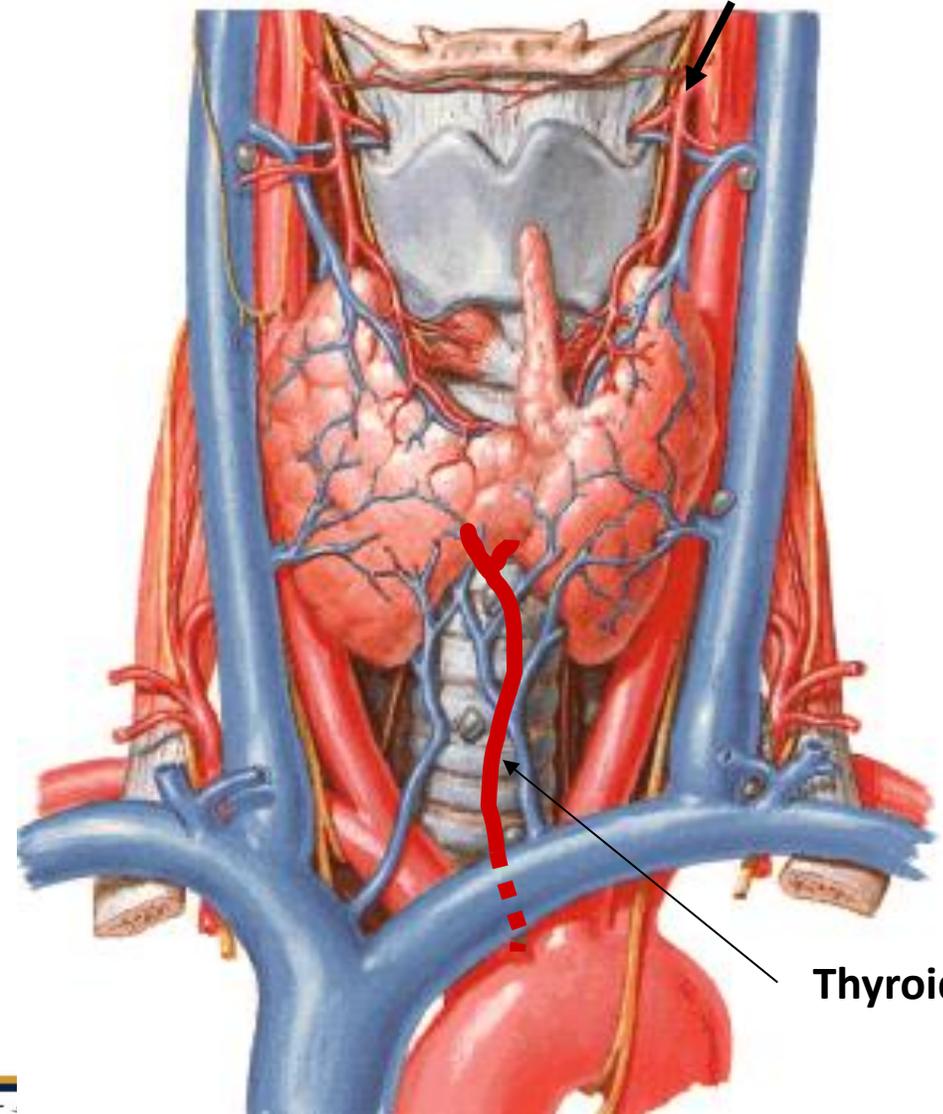
Origin: external carotid artery.

Course: accompanied with external laryngeal nerve

Termination: it ends in the apex by dividing into:

Anterior branch that anastomoses with its fellow of the opposite side.

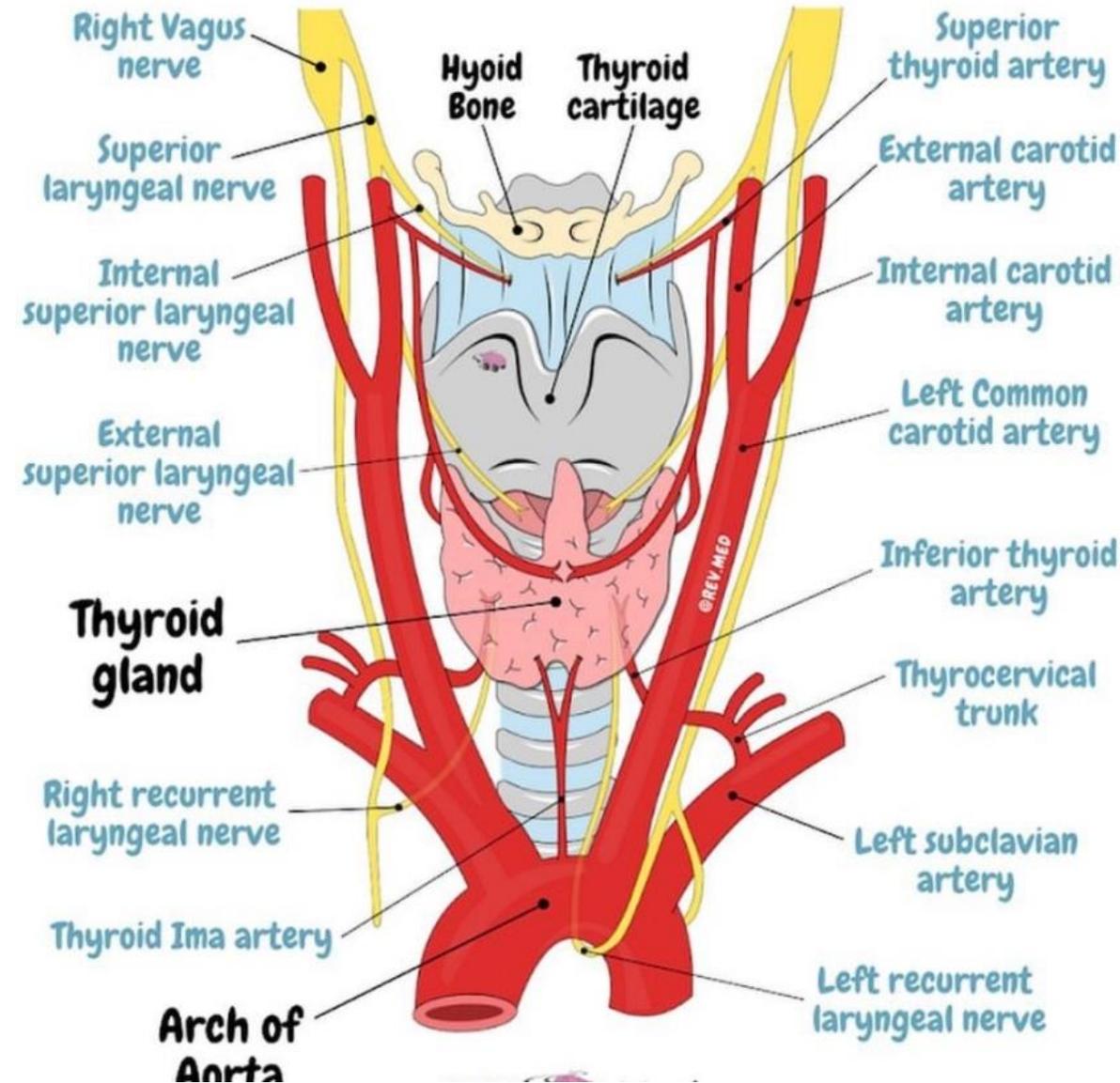
Posterior branch that anastomoses with inferior thyroid artery.



Thyroidea ima artery

Branches of thyroid artery:

1. **Glandular branches:** to the apex & upper 1/3 of the thyroid lobe and upper 1/2 of the isthmus.
2. **Superior laryngeal artery:** pierces the thyrohyoid membrane.
3. **Infrathyoid artery.**
4. Artery to sternomastoid muscle.
5. Artery to cricothyroid muscle.



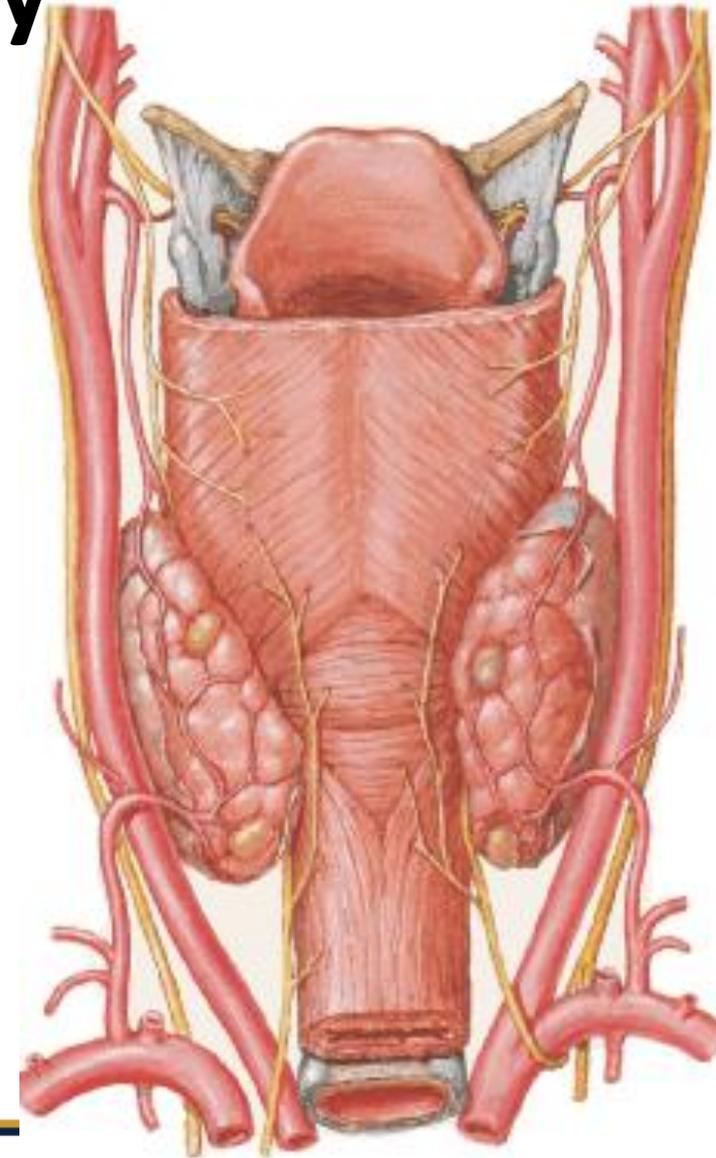
2. Inferior thyroid artery

Origin: thyrocervical trunk from 1st part of subclavian artery.

Course: accompanied with recurrent laryngeal nerve is related to it close to the gland.

Branches:

1. **Glandular branches:** to the base & lower 2/3 of the thyroid lobe and lower 1/2 of the isthmus.
2. **Parathyroid glands**
3. **Inferior laryngeal artery.**
4. Tracheal and esophageal branches.
5. Ascending cervical artery: anterior to scalenus anterior.



3. Thyroid ima artery:

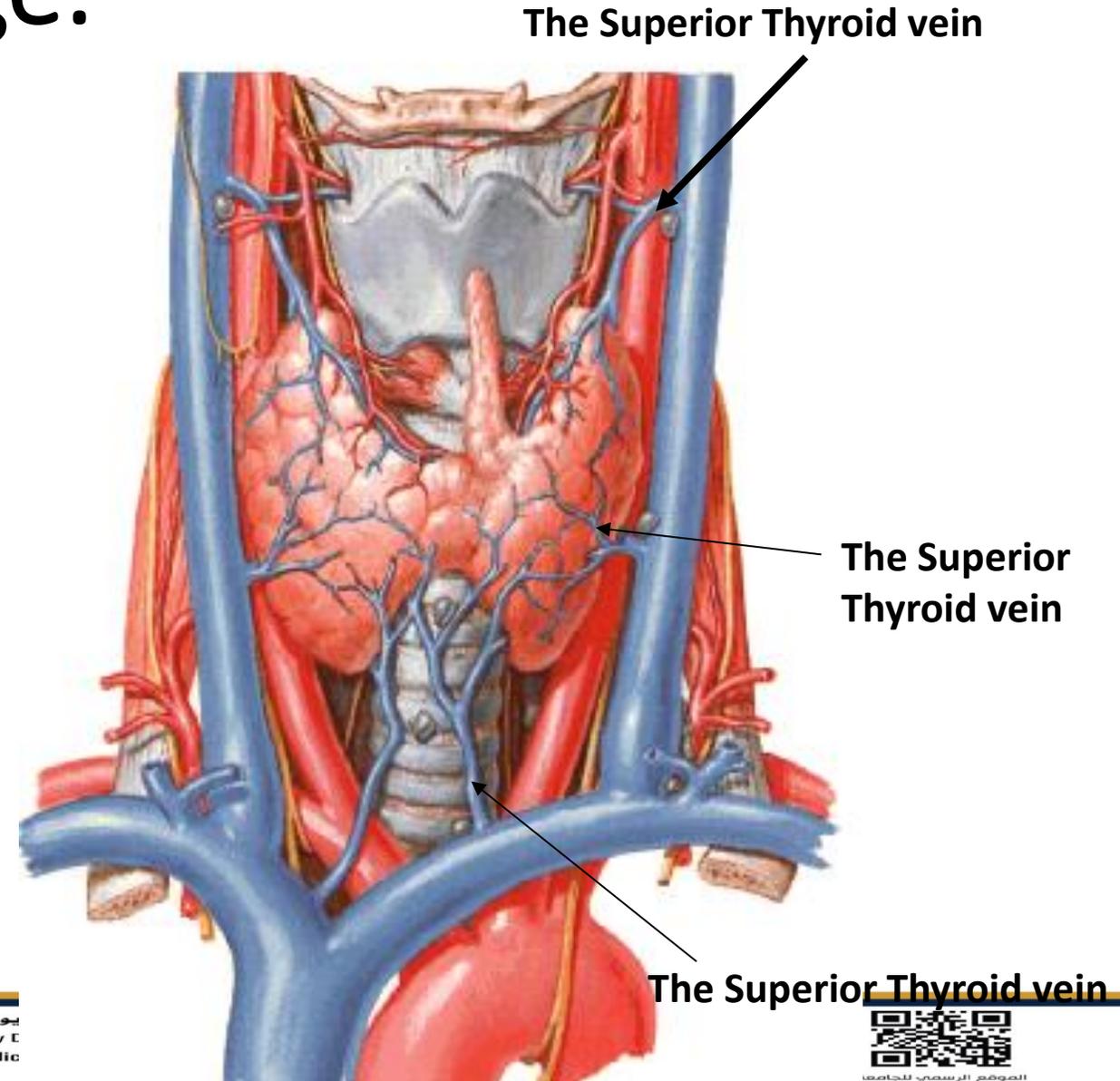
- ❑ It may be present.
- ❑ **Origin:** it arises either from the arch of aorta or from the brachiocephalic artery.
- ❑ Ascends in front of the trachea to supply the isthmus.
- ❑ It is a potential source of bleeding when performing procedures in the midline of the neck inferior to the isthmus.

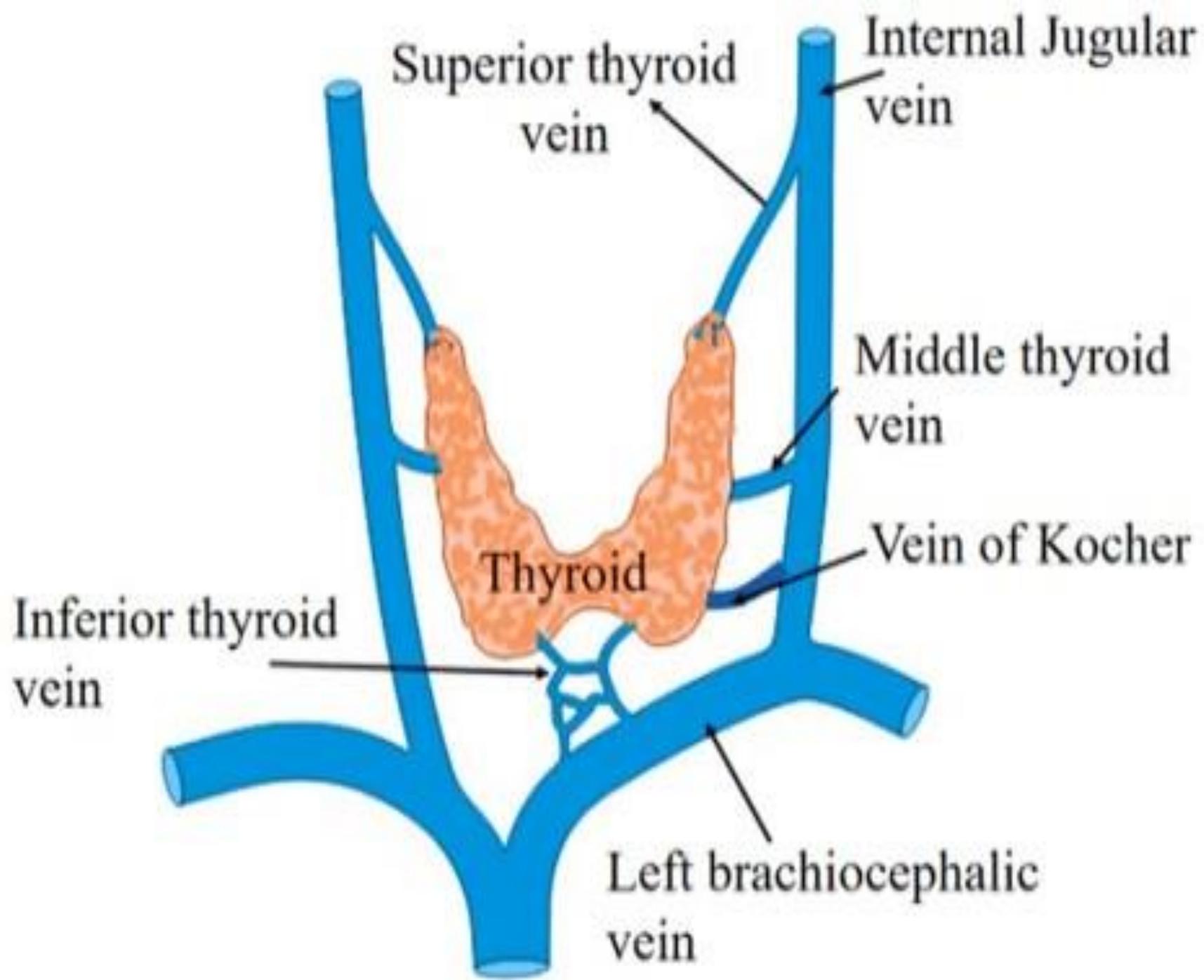
NB: Accessory thyroid arteries: From the esophageal and tracheal branches.

Venous Drainage:

- 1. Superior thyroid vein:** it ends in **internal jugular vein**.
- 2. Middle thyroid vein:** it ends also in **internal jugular vein**.
- 3. Inferior thyroid vein:** it ends in **brachiocephalic vein**.

Thyroid Gland Anterior View



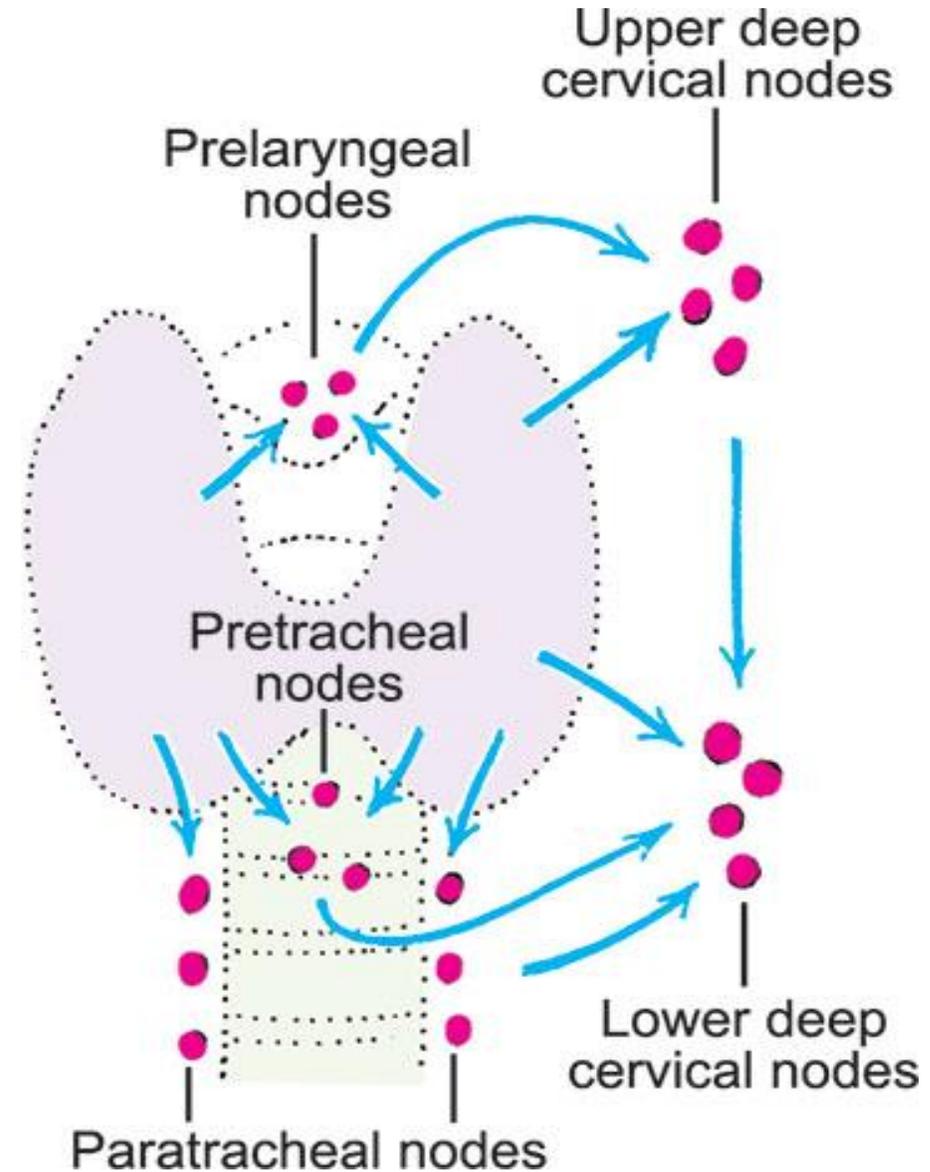




Lymphatic drainage of thyroid gland



- ❖ **Upper parts:** upper and deep cervical lymph nodes.
- ❖ **Lower parts:** lower deep cervical lymph nodes.
- ❖ **Isthmus:** pretracheal lymph nodes.



Applied anatomy for thyroid gland

Injury of laryngeal nerves during thyroidectomy may cause hoarseness of voice

- 1) **Try to avoid injury of external laryngeal n** while ligating superior thyroid artery by ligating it near to the gland (as it lies away from the nerve at that position).
- 2) **Try to avoid injury of recurrent laryngeal n** while ligating inferior thyroid artery by ligating it away from the gland (as it lies away from the nerve at that position).



Clinical applied of thyroid gland



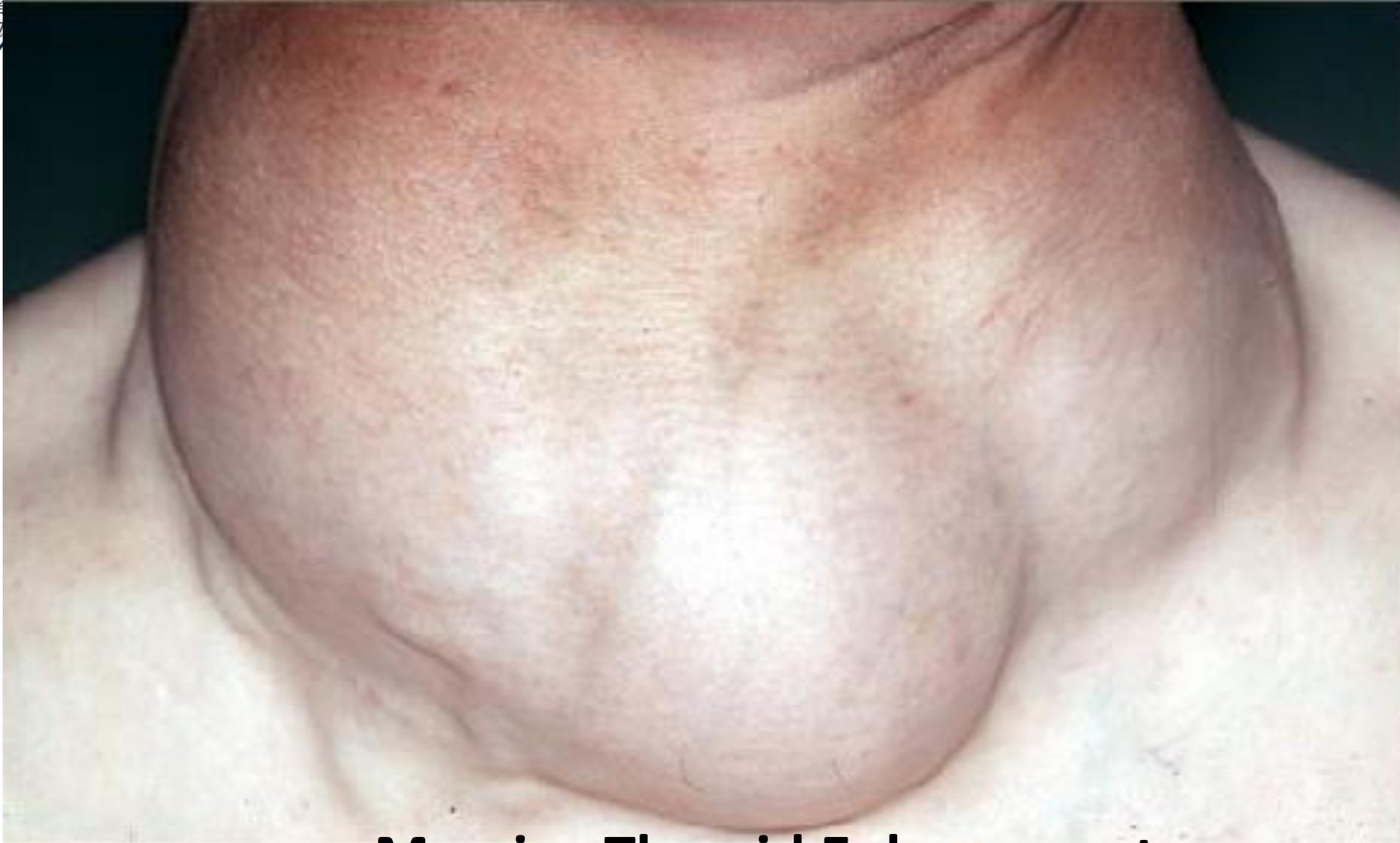
Case study

- 54 years old patient suffering from palpation, alertness and irritability. Lab examination and U/S was performed indicating **goiter**. **Thyroidectomy** was done but the patient suffered from post-operative **hoarseness of voice**.

Explain?!!!

NB:

1. **Unilateral or partial injury of recurrent laryngeal nerve** may result in transient hoarseness of voice.
2. **Bilateral nerve injury of recurrent laryngeal nerve** may present with severe respiratory distress and stridor requiring immediate airway management and potential tracheostomy.



Massive Thyroid Enlargement

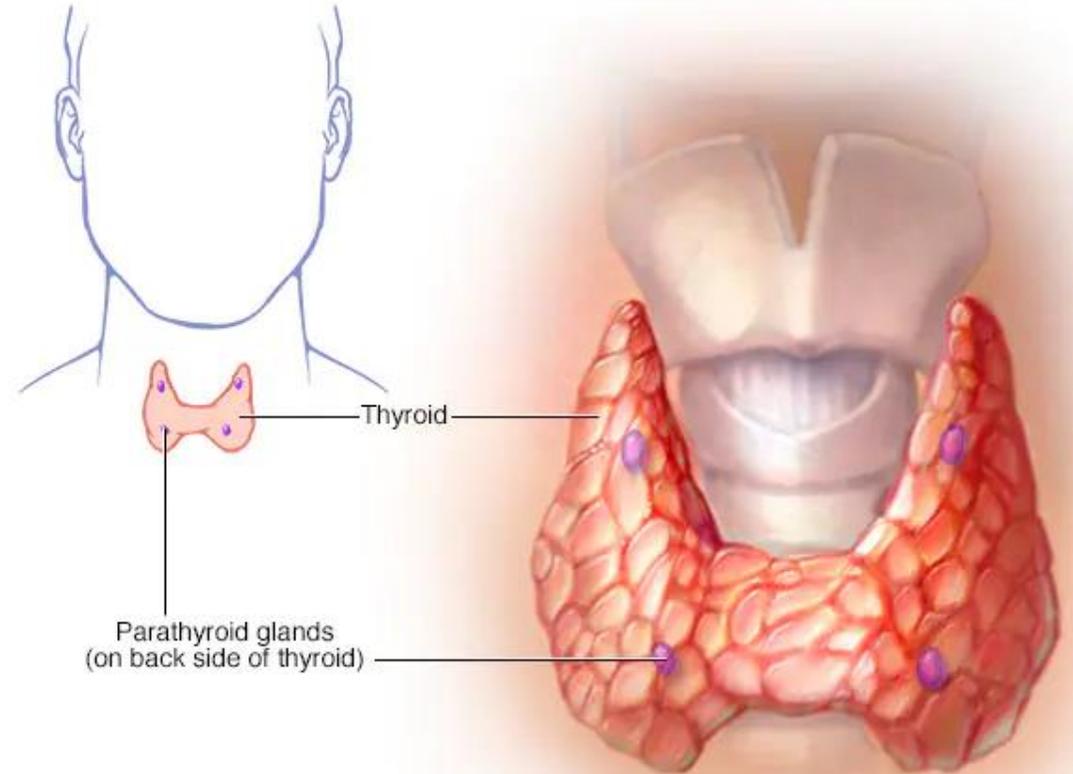


Parathyroid glands



Site of parathyroid glands

The **two superior parathyroid glands** are the more constant in position and lie at the level of the middle of the posterior border of the thyroid gland, usually at the level of the inferior border of the cricoid cartilage.

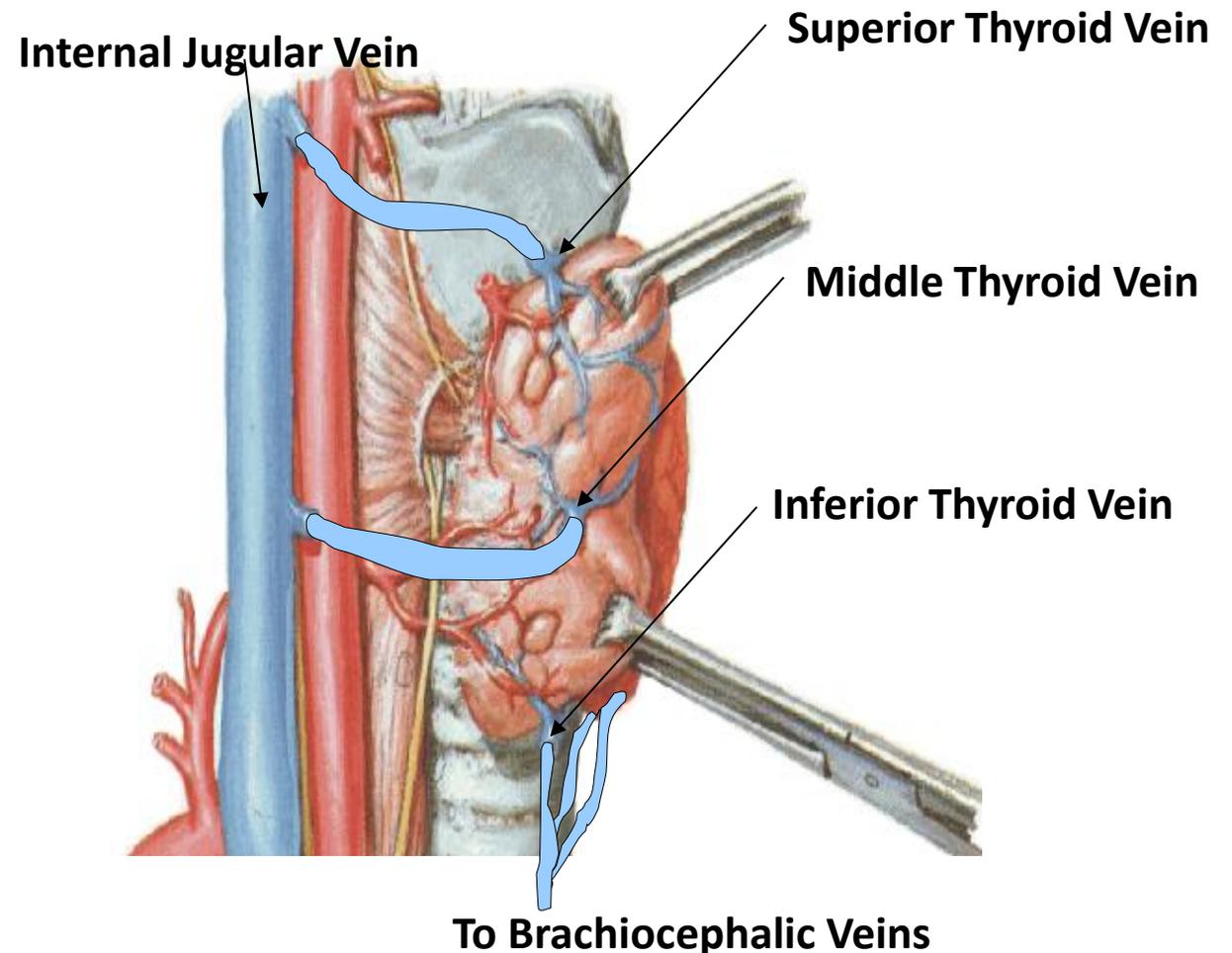


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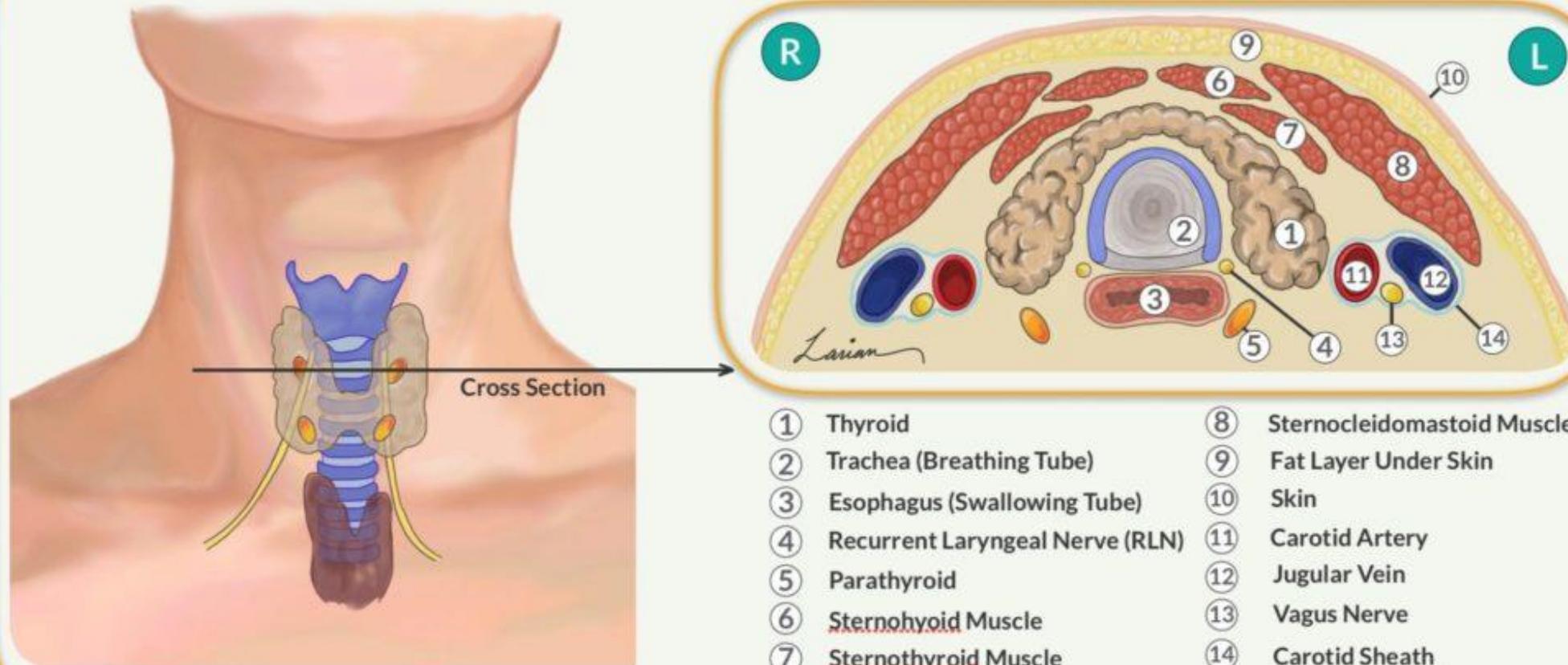
Site of parathyroid glands

Right Lateral View

- The **two inferior parathyroid glands** usually lie close to the inferior poles of the thyroid gland.
- They may lie within the fascial sheath, embedded in the thyroid substance, or outside the fascial sheath.
- They may be found some distance caudal to the thyroid gland, in **association with the inferior thyroid veins**, or they may be in the superior mediastinum in the thorax.



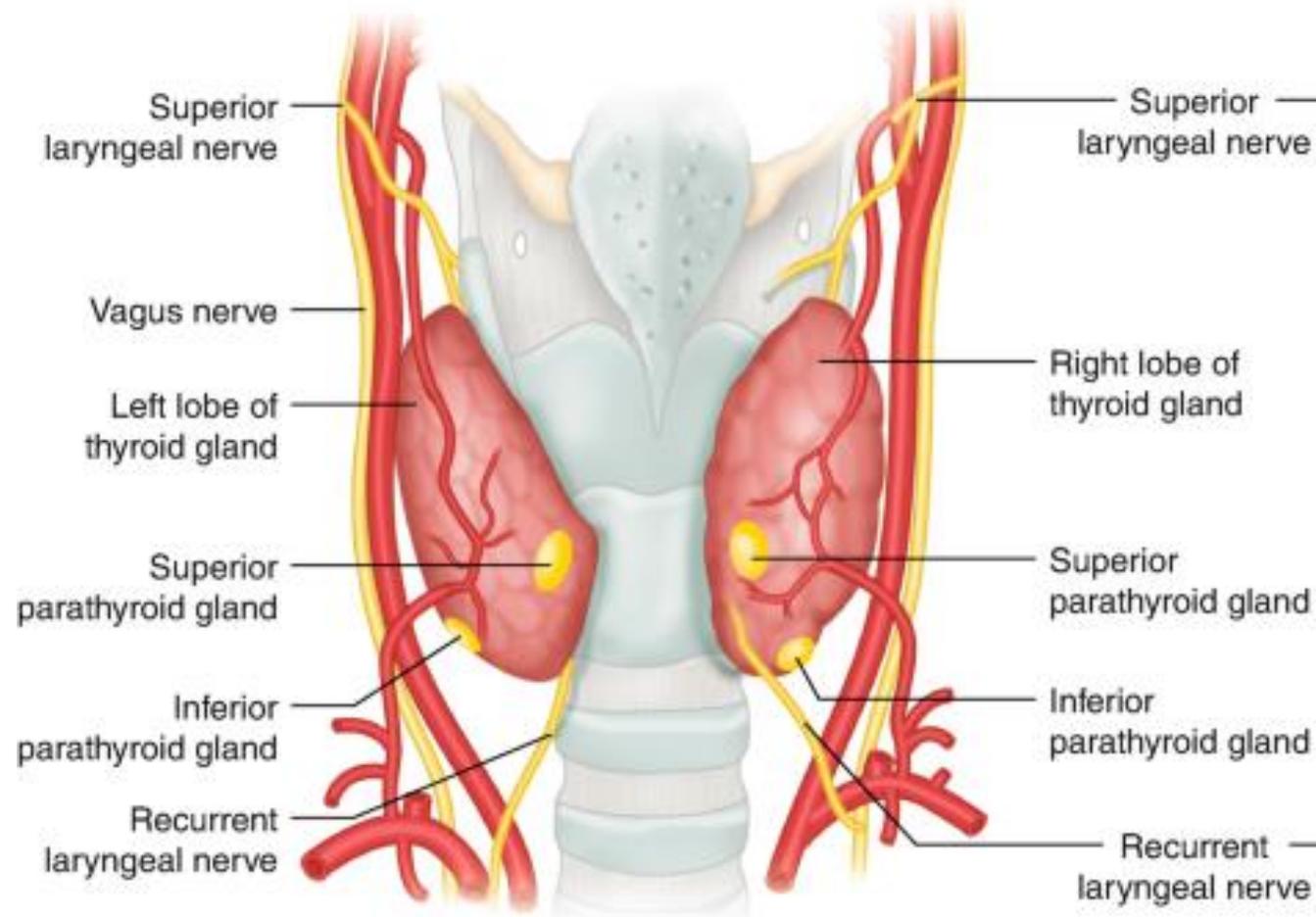
Relative Location of Superior Parathyroids & RLN



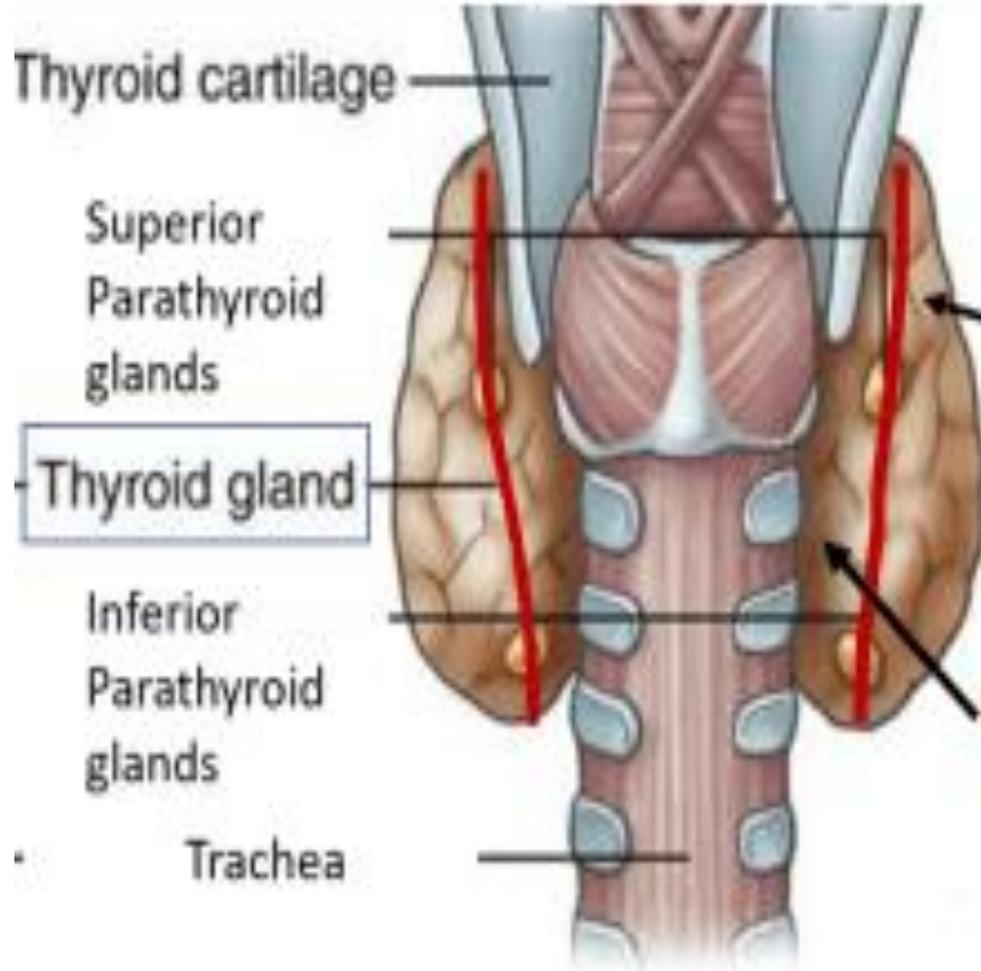
- | | |
|-----------------------------------|-----------------------------------|
| ① Thyroid | ⑧ Sternocleidomastoid Muscle |
| ② Trachea (Breathing Tube) | ⑨ Fat Layer Under Skin |
| ③ Esophagus (Swallowing Tube) | ⑩ Skin |
| ④ Recurrent Laryngeal Nerve (RLN) | ⑪ Carotid Artery |
| ⑤ Parathyroid | ⑫ Jugular Vein |
| ⑥ Sternohyoid Muscle | ⑬ Vagus Nerve |
| ⑦ Sternothyroid Muscle | ⑭ Carotid Sheath (Contains 11-13) |

Features of parathyroid Glands

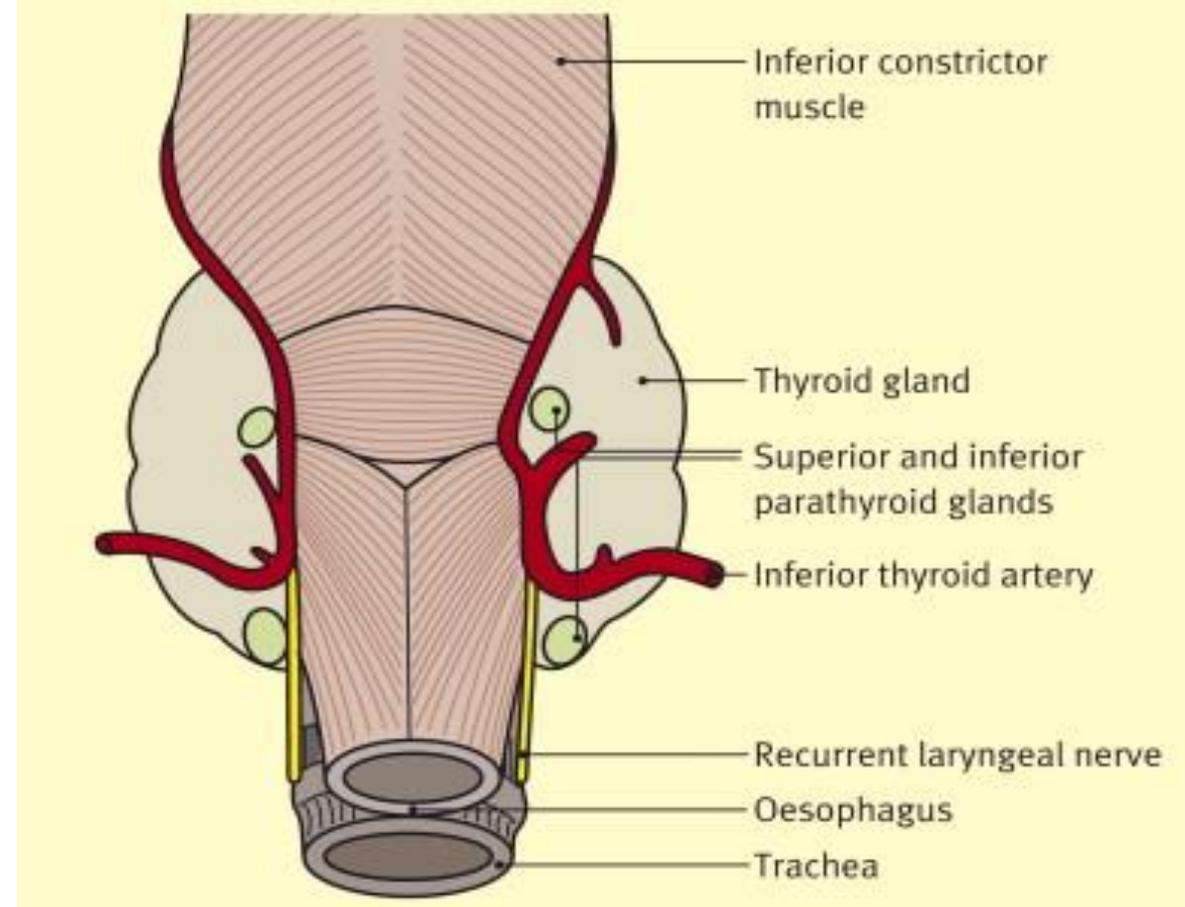
- The parathyroid glands are **ovoid bodies** measuring about **6 mm** in their greatest diameter.
- They are **four in number** and are closely related to the **posterior border of the thyroid gland**, lying within its fascial capsule.



Posterior

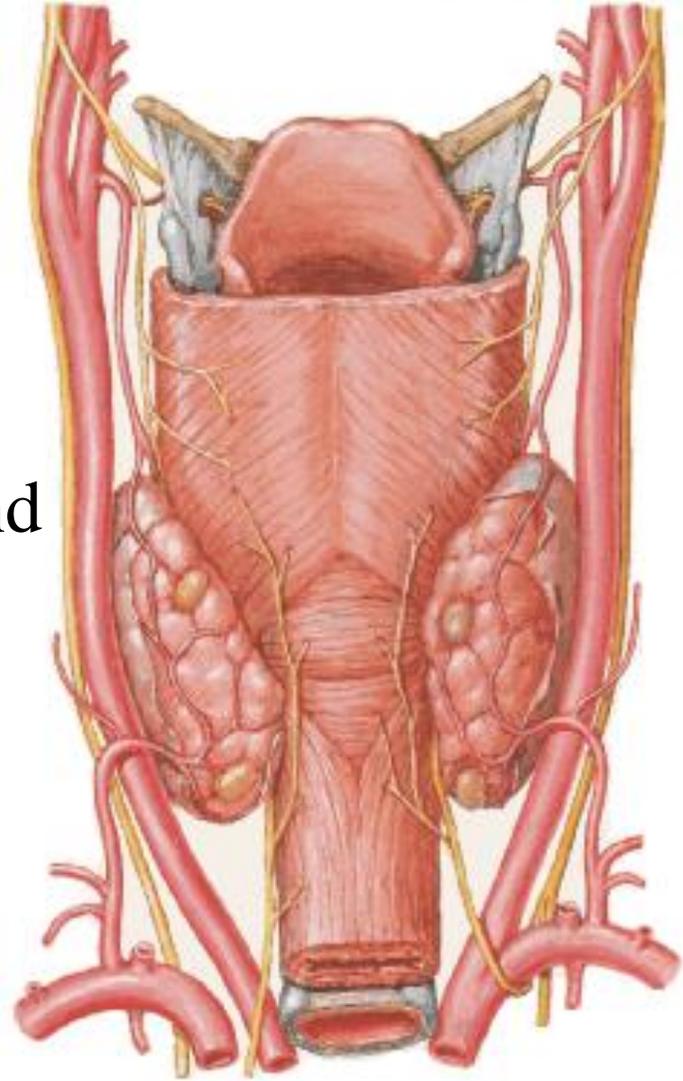
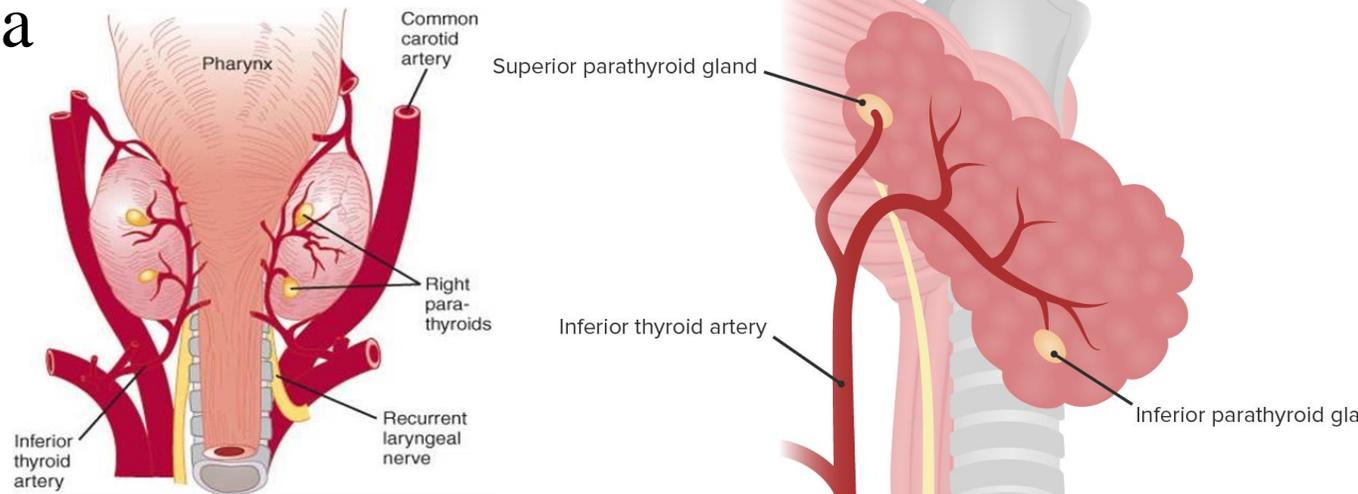


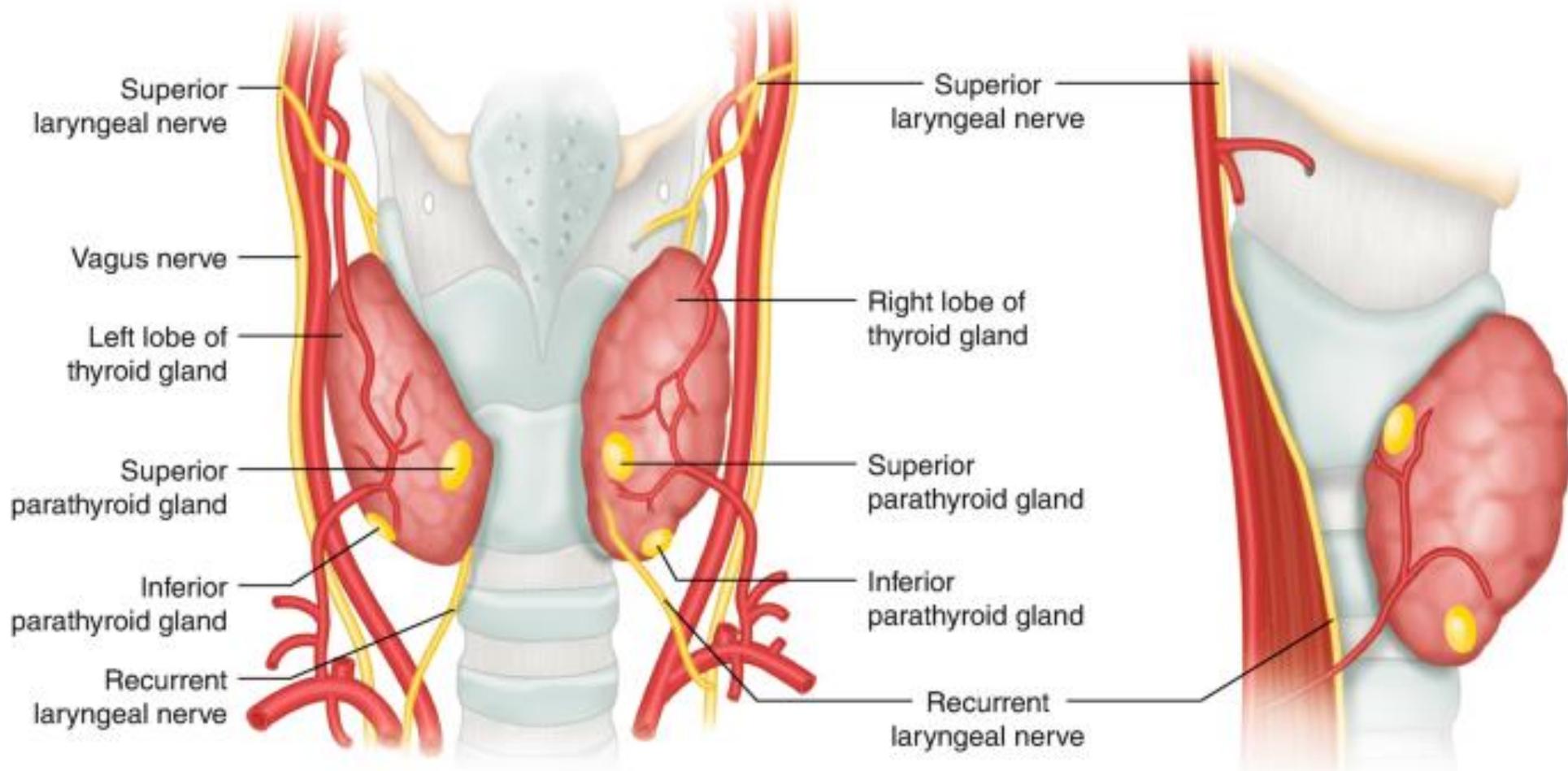
Posterior aspect of the thyroid gland



Blood Supply

- ❑ The arterial supply to the parathyroid glands is from superior and inferior thyroid arteries **mainly inferior thyroid arteries.**
- ❑ The venous drainage is into the parathyroid veins drain into the thyroid plexus of veins of the thyroid gland and trachea







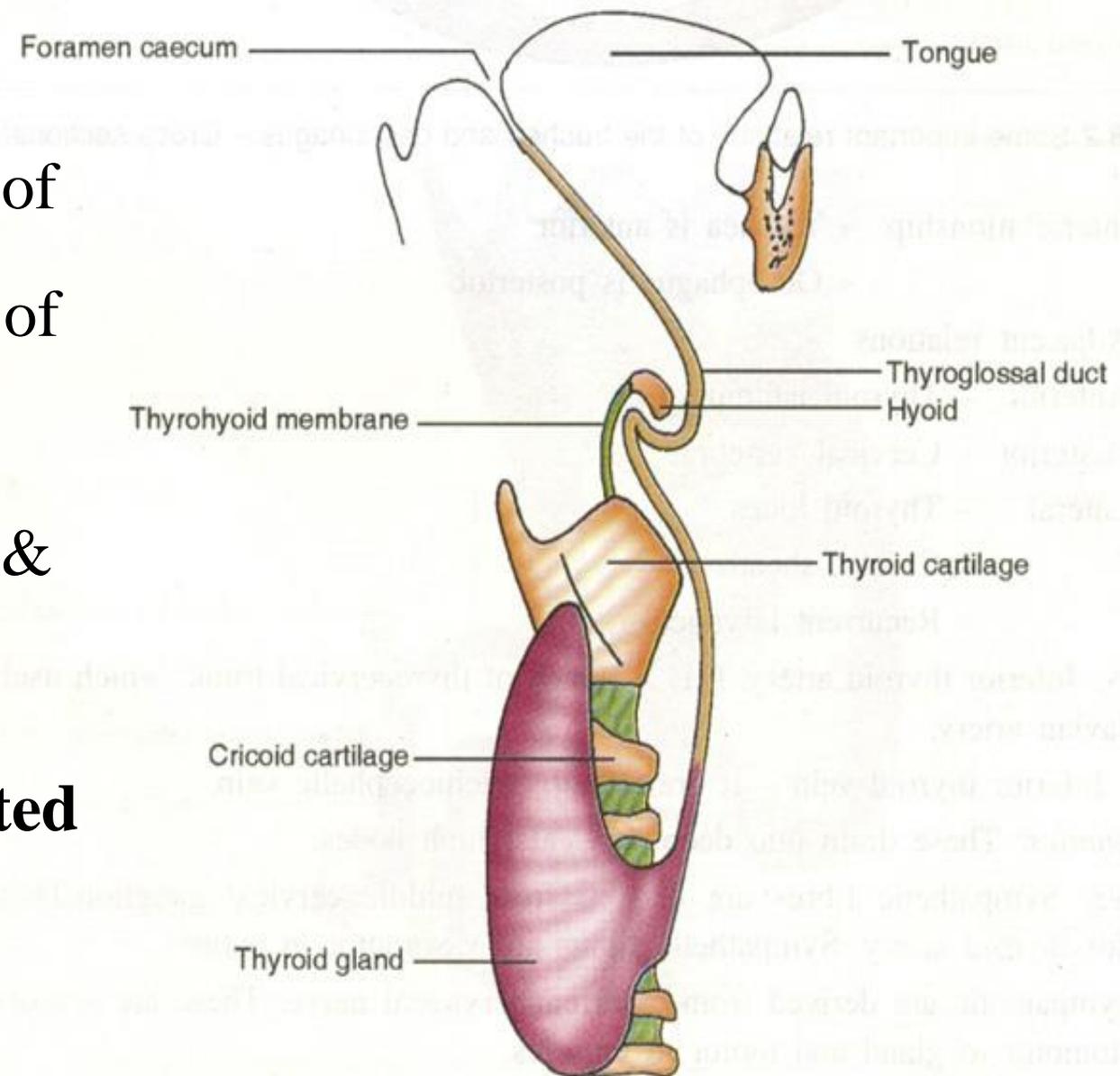
Development of thyroid gland



Time of development: 4th week

Steps:

- 1) **Median bilobed diverticulum** in floor of primitive pharynx between the processes of tongue
- 2) It **descends** ventral to pharynx, hyoid & thyroid cartilage
- 3) During its migration, it is still **connected** to tongue with **thyroglossal duct**



4) It reaches its **final position** in front of trachea **in 7th week**

5) It that time, it is formed of 2 lobes with a narrow isthmus

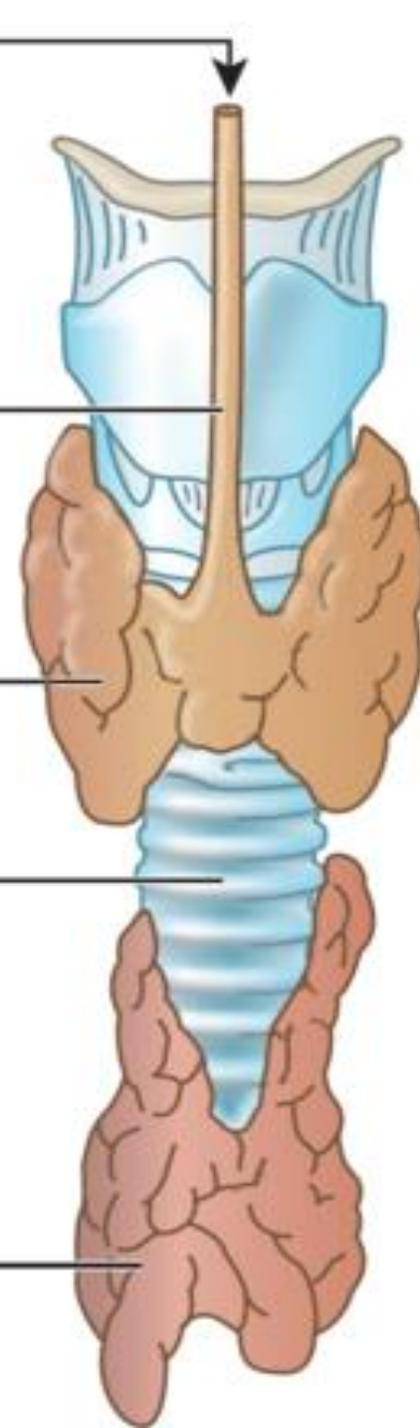
6) **Thyroglossal duct:** disappears except
a) Foramen cecum of tongue at its proximal part
b) Pyramidal lobe & levator glandulae thyroideae at its distal part

Persistent thyroglossal duct

Thyroid gland

Trachea

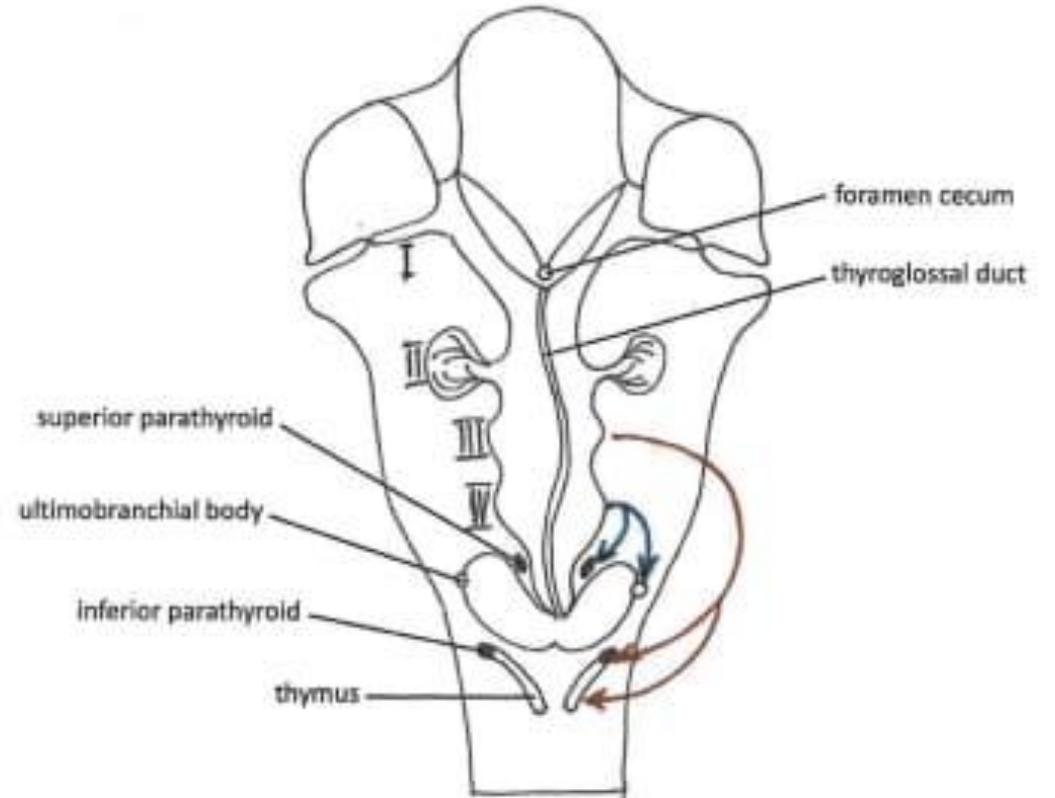
Thymus

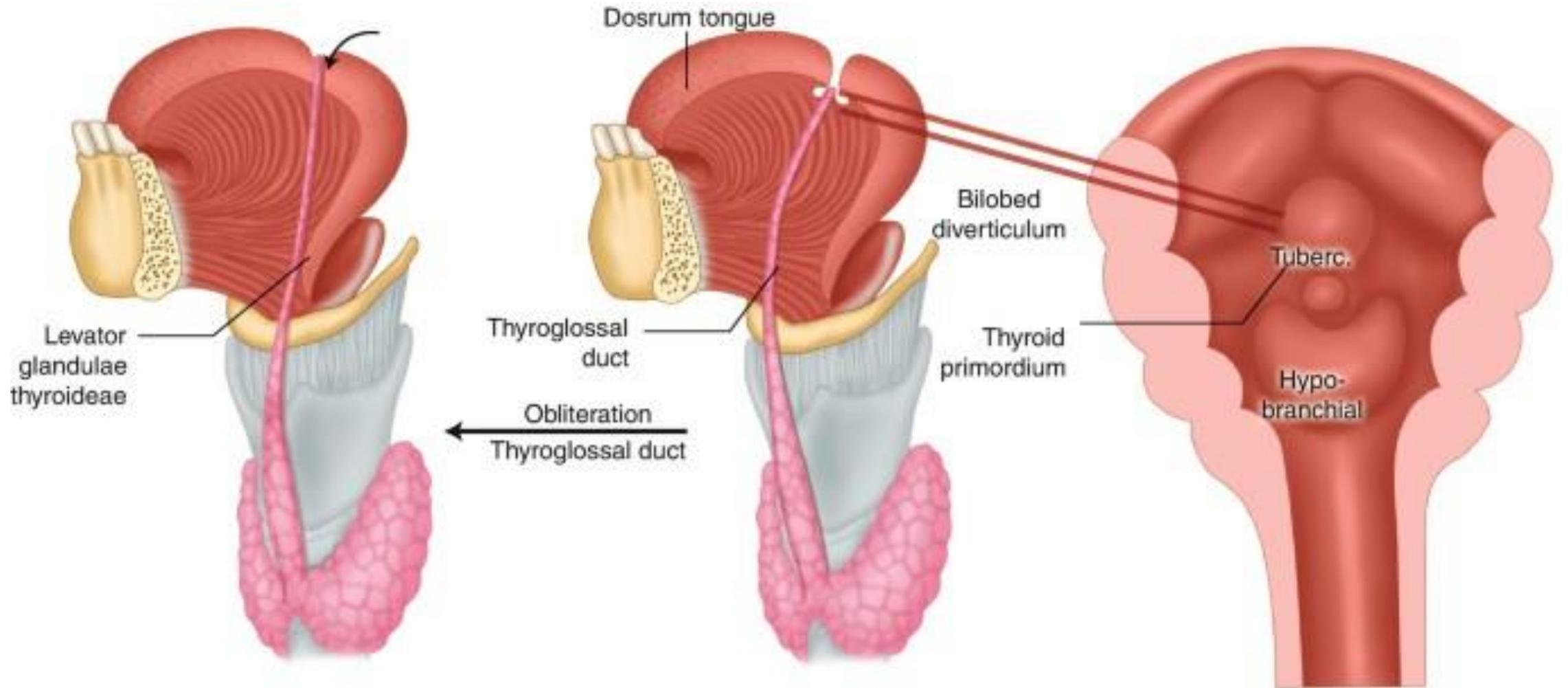


7) gland becomes functioning at **12th week** with **colloid- filled follicles**

8) **Parafollicular cells, (C cells)** secreting calcitonin, derived from **ultimobranchial body** at 5th pouch.

NB: **ultimobranchial body** is an out pocketing of the fourth pharyngeal pouch that fuses with the thyroid diverticulum, giving rise to calcitonin-producing C-cells





Anomalies of thyroid

1) Aplasia or hypoplasia

2) **Aberrant thyroid gland:** found along path of thyroid descent

a) **Lingual thyroid:** found at base of tongue

due to failure of descent

b) **Retrosternal thyroid:**

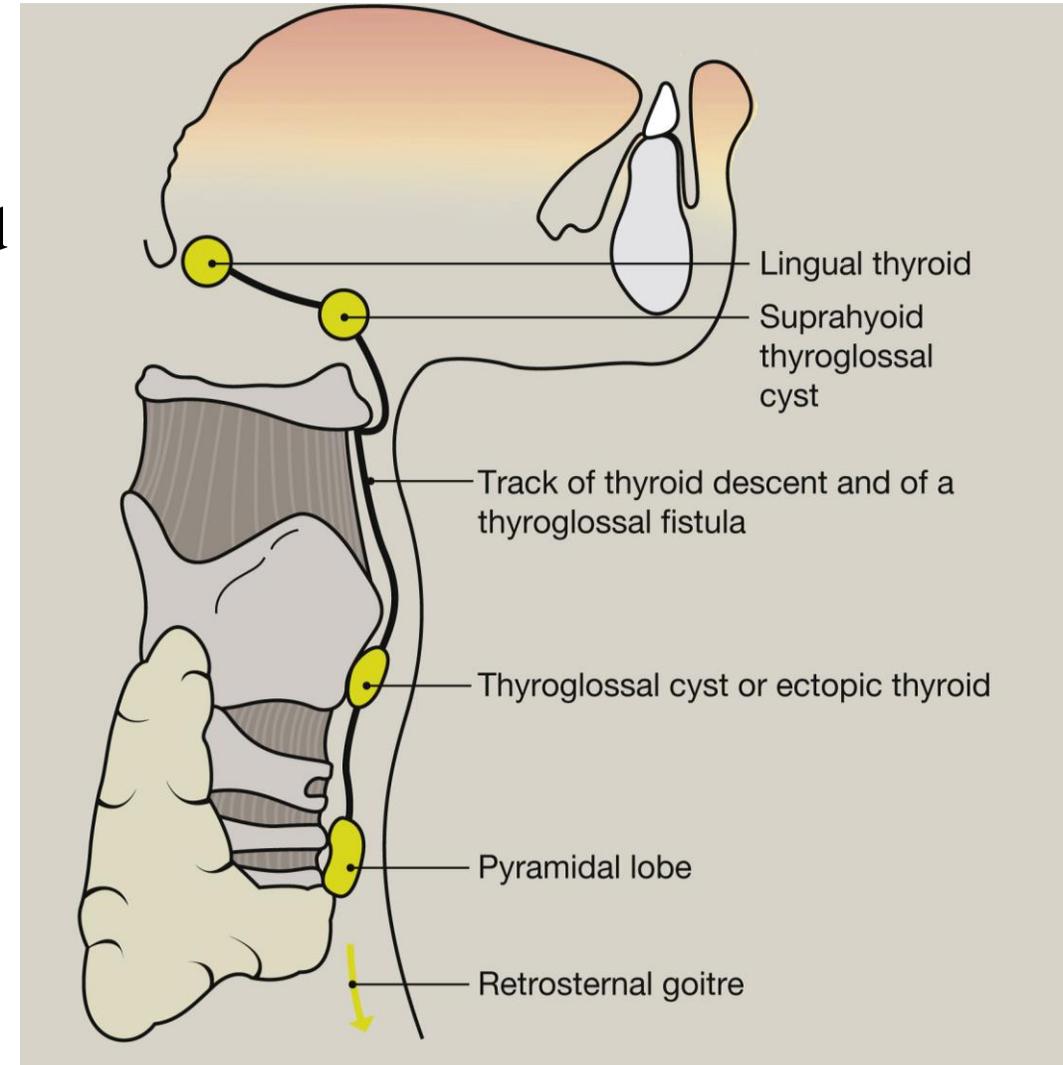
due to excessive descent

3) Anomalies of thyroglossal duct:

a) **Thyroglossal cyst:**

found along path of thyroid descent at midline

b) **Thyroglossal fistula:** opening at midline of neck



Anomalies of the thyroid gland

Agnesis

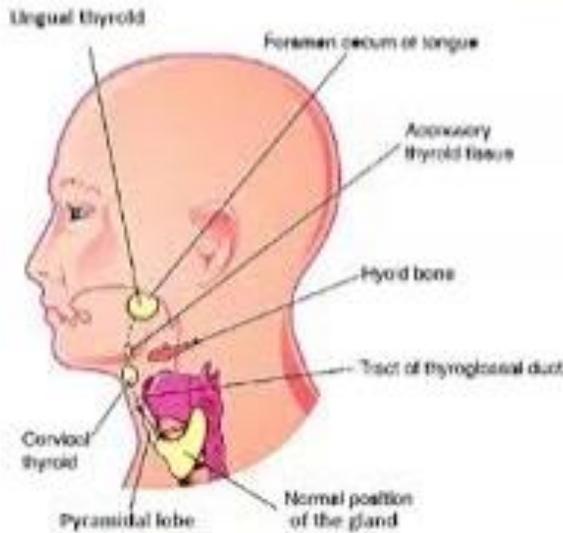
- It means congenital absence of thyroid gland, causing congenital cretinism.

Aberrant thyroid

- It means ectopic thyroid tissue along the course of the thyro-glossal duct (lingual, supra-hyoid, retro-hyoid, or infra-hyoid thyroid).

Thyro-glossal cyst

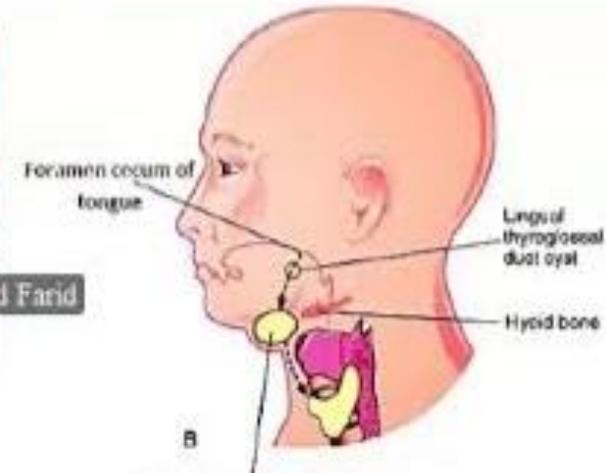
- It is located close to the middle line, and moves with deglutition (compare with branchial cyst).



Aberrant thyroid



Thyro-glossal cyst



Cervical thyroglossal duct cyst

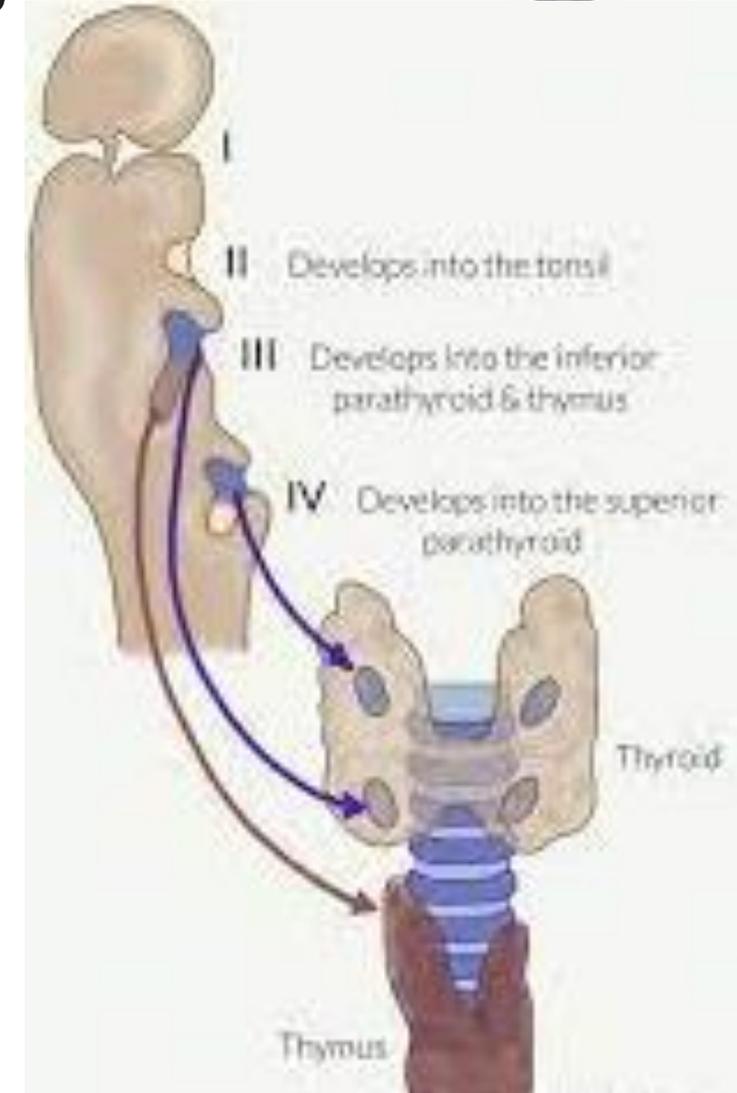


Development of Parathyroid glands



Development of parathyroid glands

- Embryologically, the parathyroid glands **derive from the endoderm of the third and fourth pharyngeal pouches.**
- The third pharyngeal pouch gives rise to the inferior parathyroid glands.
- the fourth pharyngeal pouch gives rise to the superior parathyroids.



Pharyngeal Pouches

Thyroid gland

Parathyroid

Thymus

Thymus

Ultimo-branchial body

Third pharyngeal pouch

Fourth pharyngeal pouch

Ultimobranchial body

Superior parathyroid gland

Inferior parathyroid gland

Thymus

Quiz 1

1- Superior thyroid artery arises from which artery

- A- Internal carotid
- B- External carotid
- C- Subclavian
- D- Vertebral

ANSWER: B

Quiz 2

2- Thyroid gland reaches its final position in front of trachea in which week

A- 4th

B- 5th

C- 6th

D- 7th

ANSWER: D

References for further readings

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