A 43 year old male, with no clinical history of interest, presented at the surgery with a month-long history of a left-side cervical tumour. He did not attribute its appearance to a vas infection or any other trigger infection. There were no other associated symptoms.

A physical examination revealed a left laterocervical tumour, 4 cm in diameter, greater at the upper third section of the sternocleidomastoid muscle. The rest of the ENT examination showed normal results. No histological signs of malignancy were observed from fine needle cytological puncture.

Computerised tomography of the neck showed probable metastatic left cervical cyst secondary to papillary thyroid carcinoma (Fig. 1).

Cervicotomy and dissection of the cervical lymphadenopathies were performed. The latter were black in colour (Fig. 2). Intraoperative histological study of one of them revealed lymph node metastasis due to papillary thyroid carcinoma. Selective left cervico-lymph node emptying and a total thyroidectomy were performed. The post-operative period was without incident.
Results from the study of the surgical specimen showed papillary carcinoma in the left hemithyroid with multiple cervical metastases.

Between 21% and 50% of secondary metastatic lymphadenopathies of papillary thyroid carcinoma present a cystic degeneration which on occasion leads to confusing them with a benign lesion, such as a branchial cyst. These cystic metastases frequently contain a dark, viscous liquid which are secondary to haemosiderin deposits and the reason they are black in colour. However, other tumours such as melanoma may also give rise to cervical metastases similar in colour.

Figure 2  Black cervical lymphadenopathies.