A 2-year-old male child reported to the pediatric otolaryngology clinic of Kalawati Saran Hospital, a tertiary care pediatric center attached to Lady Hardinge Medical College, New Delhi, with the chief complaints of discharging sinus in the midline for the past 1 year (Figure 1). There was a distinct history of ruptured cyst in the midline. The purulent discharge from the sinus was intermittent and resolved on taking antibiotics. On examination, the sinus opening was seen in the midline about 1.5 cm below the hyoid bone which moved with protrusion of tongue. A presumptive clinical diagnosis of thyroglossal fistula was made and ultrasound neck was done which showed a normal thyroid gland with no cystic lesion along the fistulous tract.

To confirm the diagnosis, a computed tomography fistulogram (CTF) was done and a contrast-filled tract extending right up to the base of tongue with spilling effect was recorded (Figure 2). Thus, a final diagnosis of “True Thyroglossal Fistula” was made. Patient underwent Sistrunk operation with removal of core tissue at the base of tongue (Figure 3). Postoperative period was uneventful. The patient was kept on follow-up in ENT out patient department for 1 year, but no recurrence of lesion was recorded.

Thyroglossal duct cysts are the most common congenital neck mass, accounting for 70% all congenital neck masses. One-fourth of these patients present with a discharging sinus secondary to either spontaneous rupture or improper surgical treatment. Hence, a fistulous communication between foramen caecum and neck is very rare. Increasingly, the term thyroglossal fistula is often used erroneously for this discharging sinus, although the fistulous tract connecting to base of tongue and the surface of the neck is extremely rare. In a massive Internet search using PubMed/ Medline services, we could only find 4 previous case reports on the cited subject of true thyroglossal fistula.1-5

In the above context, it would be prudent to note that 1 in 10 children undergoing Sistrunk operation requires another procedure.6 This is either due to incomplete resection of the hyoid bone and/or presence of multiple microscopic tracts in...
the suprahyoid region. A CTF delineates the fistulous tract with cross-sectional details. Moreover, multilayer, reformatted images, maximum intensity projection, and volume-rendered techniques for demonstration of fistulous tract make computed tomography (CT) images more surgeon friendly. The findings of the CTF have a distinct influence on the surgical management. Given this, we believe that a CT fistulogram would minimize the recurrence of thyroglossal tract anomalies following surgery and detect many more cases of true thyroglossal fistulas, which require special surgical considerations (redressal of base of tongue).

The case in focus merits mention on account of the rarity and gross under reporting of true thyroglossal fistula in the English medical literature, which limits conclusions to be drawn on the management and prognosis of such cases.

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**References**
1. Singh GB, Arora R, Sherwani P, Garg S, Shukla S, Kumar D. A rare case of true thyroglossal fistula diagnosed by computed tomography fistulography. *J Oral Maxillofac Surg Med Pathol*. 2015; 27(4):577-579.
2. Madana J, Yolmo D, Saxena SK, Gopalakrishnan S. True thyroglossal fistula. *Laryngoscope*. 2009;119(12):2345-2347.
3. Ranga U, Aiyappan SK, Veeraiyan S. Computed tomography fistulography demonstrating thyroglossal fistula: a case report. *Oral Surg Oral Med Oral Pathol Oral Radiol*. 2012;114(3):e48-e50.
4. Massoud TF, Schnetler JF. Case report: taste of success in thyroglossal fistulography. *Clin Radiol*. 1992;45(4):281-283.
5. Bailey H. Case of true congenital thyroglossal fistula. *Proc R Soc Med*. 1925;18(clin sect):6-7.
6. Garcia E, Osterbauer B, Parham D, Koempel J. The incidence of microscopic thyroglossal duct tissue superior to the hyoid bone. *Laryngoscope*. 2019;129(5):1215-1217.
7. Maddalozzo J, Alderfer J, Modi V. Posterior hyoid space as related to excision of the thyroglossal duct cyst. *Laryngoscope*. 2010;120(9):1773-1778.

**Figure 3.** Tissue specimen showing the tract, hyoid bone, and the cuff of tissue from the base of tongue.