INTRODUCTION:
Ingested fish-bone foreign bodies are usually found in the pharynx, frequently in the palatine tonsil, radix linguae or hypopharynx. In most cases they can be easily removed. Complete migration of fish bones outside the pharynx is relatively rare. We present the case of a migratory fish bone in the left lobe of the thyroid gland.

CASE REPORT:
A 24-year-old woman, with no significant past medical history, presented to the otolaryngology department with a foreign body sensation and dysphagia, two-weeks after eating a meal of bassa fish (Pangasius bocourti). She had previously been seen by an otolaryngology but no fish bone was found after thorough examination including flexible fibreoptic pharyngolaryngoscopy. At presentation she was afebrile. No pathological findings were seen in the oral cavity or pharynx on direct visualization. Laboratory inflammatory markers and thyroid parameters were within normal limits.

A plain radiograph of the neck showed no abnormality. Due to a high index of suspicion on a second presentation, computed tomography (CT) of the neck was performed. This revealed a fish-bone extending from the cervical esophagus to the left lobe of the thyroid, at the level of the mid-thyroid. Surrounding low attenuation was noted in the surrounding left thyroid lobe, in keeping with inflammation.

An ultrasound examination of the neck was also organized. This examination suggested that the fish-bone was 1.8cm and would be visible from the esophagael lumen, allowing for endoscopic removal. No abscess was present.

Panendoscopy was performed six days after presentation. An area of granulation in the anterior wall of the cervical esophagus was noted at 16cm. External palpation of the thyroid gland enabled tip of fishbone to be identified. It could therefore be removed endoscopically. Post-operatively the patient made an uneventful recovery.

CONCLUSIONS:
Fish-bone foreign body penetration into the extrapharyngeal space is relatively rare. Forward movement of the foreign body into the pharynx is rare due to the position of firm laryngeal cartilage anteriorly. Migration into the thyroid is an extremely rare entity with four cases reported in the English language literature. The possibility should be considered in cases of missing fish bone with a strong correlating history. CT and ultrasound are useful in diagnosis and locating fish bones.