Ulcerated Nodal Metastasis from Thyroid Papillary Carcinoma

Inés Seoane Cruz and Manuel Penín
Department of Endocrinology and Nutrition, University Hospital Complex of Vigo, Calle Pizarro, nº 22.36204. Vigo. Pontevedra, Spain

*Corresponding author: Dr. Inés Seoane Cruz, Department of Endocrinology and Nutrition, University Hospital Complex Of Vigo, Calle Pizarro, nº 22.36204. Vigo. Pontevedra, Spain, Tel: +34 661654995; E-mail: inesoeane@yahoo.es

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Commentary

Malignant potential of thyroid papillary carcinoma is usually low, with relapses and metastasis limited often to some variants [1] (follicular, tall-cell, insular, oxyphilic, solid or trabecular, clear-cell and diffuse sclerosing) and risk populations [2] (male, aged, big size, macroscopic invasion, distant metastases, incomplete tumor resection and thyroglobulinemia out of proportion to post treatment scan image).

A 80 year-old Caucasian woman underwent total thyroidectomy with central cervical, supraclavicular and superior mediastinal lymphadenectomy due to a 2,3 cm T2N1M0 [3] thyroid common-type papillary cancer extended to 6 of 14 removed lymph nodes and local uptake after 100 mCi radioiodine ablation.

One year later, after 150 mCl radioiodine therapy, uptake extended to deep cervical and right paraesophageal lymph nodes. Ultrasound and Magnetic Resonance Imaging showed adenopathy on those locations.

Patient refused from then on any invasive diagnostic or therapeutic techniques. Afterwards and progressively, tiroglobulin concentration reached 1572 ng/mL. Eleven years later a Computed Tomography showed a right laterocervical 7x6x9 cm mass displacing common carotid trunk and internal jugular vein (Figure 1). Twelve years after thyroidectomy, nodal metastases extended to skin (Figure 2), with grim prognosis.

Mean survival of thyroid papillary carcinoma at twenty years is over 85-90% [4-6]. It is unusual that classical variants of this tumor produce metastasis on non-risk individuals [7], like the one we describe here. That indolence has led clinicians to some kind of re-treat from aggressive treatments. The evolution of our patient’s disease may introduce a note of caution on clinical management of thyroid papillary carcinoma.

References