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Challenges in the management of patients with differentiated Thyroid carcinoma and renal metastasis: Case series with follow up

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Background: Renal metastasis has relatively less occurrence in patients with differentiated Thyroid carcinoma.

Methods: The various clinical, imaging, diagnostic and therapeutic parameters of a series of patients with differentiated Thyroid carcinoma and renal metastasis were assessed, together with follow-up data.

Results & Conclusion: 4 male patients over the age of 45 years with extensive disease at the primary site formed part of the series. Retro-sternal extension of the large goitre was observed in three of the four patients. The primary tumour was 4 cm or larger in all patients (range, 4–14 cm), and three patients had associated lymph node metastasis. None had any genito-urinary symptoms at presentation. Two patients had isolated renal metastases with no other distant metastases, while the others had extensive multi-organ involvement. The bilateral occurrence of lesions was a hallmark, being observed in all cases. The criticality of establishing the diagnosis of renal metastasis had important therapeutic implications. Ultrasound-guided fine needle aspiration cytology and ¹³¹I scintigraphy played a significant role in confirming the diagnosis. The optimization of the high dose radioiodine therapy aimed at stabilization of disease with serial meticulous monitoring of renal function facilitated the administration of cumulative average therapy dose of 21.83 GBq (range, 9.176 – 37.666 GBq) ¹³¹I in 3 to 4 divided doses. A meticulous and focused approach to establish an accurate diagnosis, ensuring a well maintained renal function without any further compromise due to the therapy or the disease per se and eventually optimization of the high dose radioiodine therapy helped to achieve a stable disease status at a minimum follow-up period of four years after diagnosis in three patients. One patient had expired due to a poorly differentiated lung carcinoma, which developed subsequently.

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