



## Dramatic Radiographic Appearance of Lytic Bone Metastases from Follicular Thyroid Carcinoma

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### Description

Skeleton is the second most common site after lungs to be involved by hematogenous spread from follicular thyroid cancers [1]. Although most distant metastases from FTC are revealed by postoperative radioiodine whole body scans, plain radiography may be helpful in cases which present late or are grossly symptomatic. One problem with plain radiography is that it may not demonstrate the lesion until the lesion is >1 cm and hence has a lower sensitivity for detection of skeletal

metastasis [2]. But in cases of delayed/symptomatic presentations the appearance of metastatic can be dramatic and radiography can help surgeons in preventing complication (fractures/spinal cord compression) and improving the quality of life by expectant and early management of severely deformed/destroyed skeleton. Early surgical intervention in such cases also helps in facilitation of more effective postoperative radiiodine therapy [3] (Figures 1 and 2).

### References

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**Figure 1:** An expansile osteolytic lesion with cortical thinning and destruction involving upper meta-diaphysis of right humerus.



**Figure 2:** Multiple well defined osteolytic lesions within the calvarium of same patient.

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