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Ulcerated Nodal Metastasis from Thyroid Papillary Carcinoma

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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, columnar, 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 mCI radioiodine therapy, uptake extended to deep cervical and right paraesophageallimph 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 7×6×9 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.

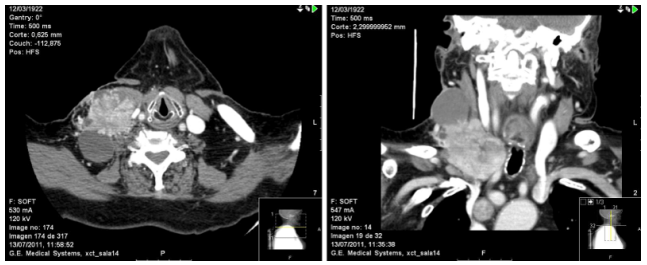

Figure 1: Computed Tomography showing common carotid trunk and internal jugular vein

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 aggresive treatments. The evolution of our patient´s disease may introduce a note of caution on clinical management of thyroid papillary carcinoma.

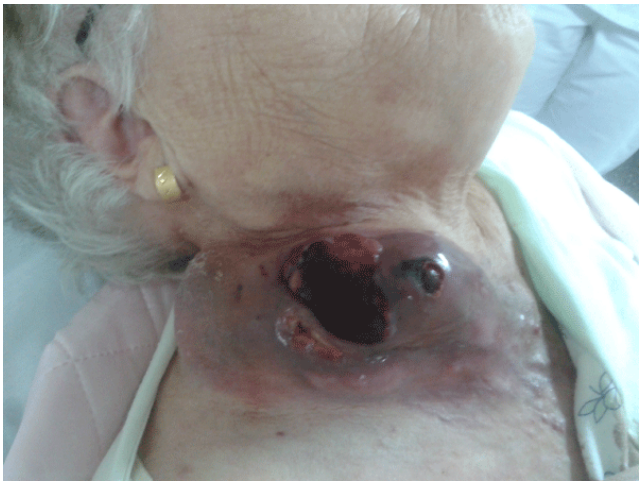

Figure 2: Nodal metastases

References

1. Silver CE, Owen RP, Rodrigo JP, Rinaldo A, Devaney KO, et al. (2011) Aggressive variants of papillary thyroid carcinoma. Head Neck 33: 1052-1059.
2. Baek SK, Jung KY, Kang SM, Kwon SY, Woo JS, et al. (2010) Clinical risk factors associated with cervical lymph node recurrence in papillary thyroid carcinoma. Thyroid 20: 147-152.
3. Keh-Chuan Loh, Francis S. Greenspan, Lauren Gee, Theodore R (1997) Pathological Tumor-Node-Metastasis (pTNM) Staging for Papillary and Follicular Thyroid Carcinomas: A Retrospective Analysis of 700 Patients. JCEM82: 3553-3562.
4. Albores-Saavedra J, Henson DE, Glazer E, Schwartz AM (2007) Changing patterns in the incidence and survival of thyroid cáncer with folicular phenotype: papillary, follicular and anaplastic: a morphological and epidemiological study. Endocr Pathol18:1-7.
5. Eustatia-Rutten CF, Corssmit EP, Biermasz NR, Pereira AM, Romijn JA, et al. (2006) Survival and death causes in differentiated thyroid carcinoma. J Clin Endocrinol Metab 91: 313-319.
6. Toniato A, Boschin I, Casara D, Mazzarotto R, Rubello D, et al. (2008) Papillary thyroid carcinoma: factors influencing recurrence and survival.Ann Surg Oncol 15: 1518-1522.
7. Ito Y, Miyauchi A (2009) Prognostic factors and therapeutic strategies for differentiated carcinomas of the thyroid. Endocr J 56: 177-192.