

Letter to the Editor

Mucinous carcinoma of the thyroid: A case report and review of the literature

Carcinome mucineux de la thyroïde : à propos d'un cas et revue de la littérature

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Abstract

We report the case of a primary mucinous carcinoma of the thyroid in a man of 74 who had a 4-cm nodule in the right lobe of the thyroid, with a solido-cystic appearance on ultrasound associated with lymph node metastases. On scintigraphy, the nodule was hot and not extinctive. The patient underwent total thyroidectomy with an ipsilateral right lymph node dissection. The immunohistochemical study showed the negativity of CK 7 and CK 20 and the positivity of thyroglobulin and TTF 1. Postoperatively the rate of blood thyroglobulin 3 months after surgery had collapsed to 0.17 ng/ml. The evolution was marked by the appearance of pulmonary metastasis and the patient died 4 months after surgery. Histological study showed the presence of almas of neoplastic cells surrounded by large deposits of extracellular mucin. Primitive mucinous carcinoma of the thyroid is a rare tumor which differential diagnosis is established on the positive immunohistochemistry of thyroglobulin and TTF1 but negative for other markers.

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Keywords: Mucinous carcinoma; Thyroid cancer; Mucin; TTF1

Résumé

Nous rapportons le cas d'un carcinome mucineux primitif de la thyroïde chez un homme de 74 ans qui présentait un nodule de 4 cm au niveau du lobe droit de la thyroïde, avec un aspect solido-kystique à l'échographie associé à des métastases ganglionnaires. À la scintigraphie, le nodule était chaud et non extinctif. Le patient a bénéficié d'une thyroïdectomie totale avec un curage ganglionnaire homolatéral droit. L'étude immunohistochimique montrait la négativité de la CK 7 et CK 20 et la positivité de la thyroglobuline et du TTF 1. En postopératoire, le taux de thyroglobuline sanguin 3 mois après la chirurgie était effondré à 0,17 ng/mL. L'évolution a été marquée par l'apparition de métastases pulmonaires et le décès du patient 4 mois après la chirurgie. L'étude anatomopathologique a montré la présence d'almas de cellules néoplasiques entourées par des dépôts larges de mucine en extracellulaire. Le carcinome mucineux primitif de la thyroïde est une tumeur rare dont le diagnostic différentiel est établi sur l'immunohistochimie positive de la thyroglobuline et de la TTF1 mais négative pour les autres marqueurs.

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Mots clés : Carcinome mucineux ; Cancer thyroïde ; Mucine ; TTF1

1. Introduction

The mucinous carcinoma of the thyroid was first described in 1976 by Diaz-Perez [1].

It is an extremely rare non-epithelial primary malignant tumor of the thyroid. Only seven cases have been reported in the literature [2], thus, the clinical and histological features have not been widely documented. Our patient was a 74-year-old man who was a chronic smoker (60 pack years). He had no history of neck radiation or familial thyroid disease. A year before admission, he perceived a mass growing on his neck with dysphonia.

The clinical examination revealed a hard and painless nodule of 4 centimeters in the right lobe of the thyroid, with ipsilateral

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cervical lymph nodes, without dyspnea or deterioration of general condition. By naso-endoscopy it was identified that the right vocal cord was atrophied and immobile in its anterior half. Biochemical tests, routine blood counts, and biochemical tests were normal and TSH concentration was within the normal range at $2.12 \mu\text{UI/ml}$ ($0.25\text{--}4 \mu\text{UI/ml}$). The blood rate of the Prostate Specific Antigen (PSA) was normal (0.36 ng/l). Ultrasonography identified an increased size of the right lobe of the thyroid (measuring $25.8 \times 50 \times 38.7 \text{ mm}$), within it, a solid and cystic heterogeneous nodule, in contact with the sidewall of the trachea, measuring $35 \times 25 \text{ mm}$. The vascularization was essentially peripheral. The nodule was rated TI-RADS 4a. The presence of bilateral infra-centimetric cervical lymph nodes, which preserved architecture, were noted. Thyroid scintigraphy showed high uptake of the radioiodine by the thyroid nodule, with a fairly significant hypertrophy of the thyroid (Fig. 1). The patient underwent a total thyroidectomy with right cervical lymph nodes resection with no postoperative complications. Macroscopically, the tumor was a white and solid mass. Microscopically, the parenchyma was massively occupied by a moderately differentiated carcinomatous proliferation, made of solid glandular and cellular cords with a pool of extracellular mucin (Fig. 2). The cells were large with eosinophilic cytoplasm. This proliferation invaded the pericapsular tissue and there were vascular invasions. The cervical lymph nodes were massively invaded by the

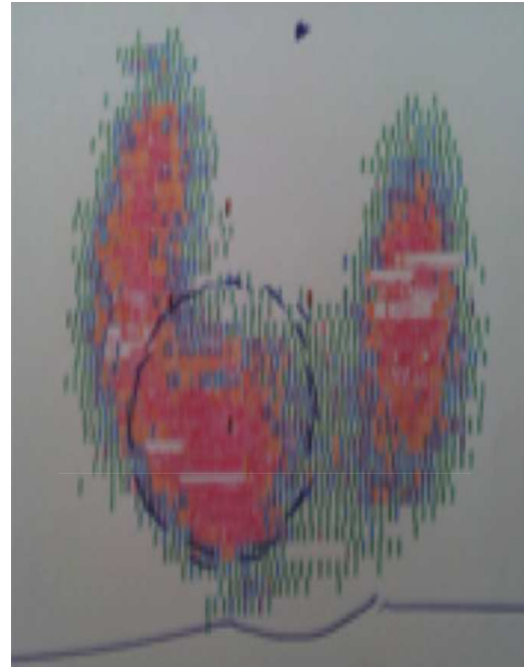


Fig. 1. Thyroid scintigraphy showing a high uptake of the radioiodine by the thyroid nodule.

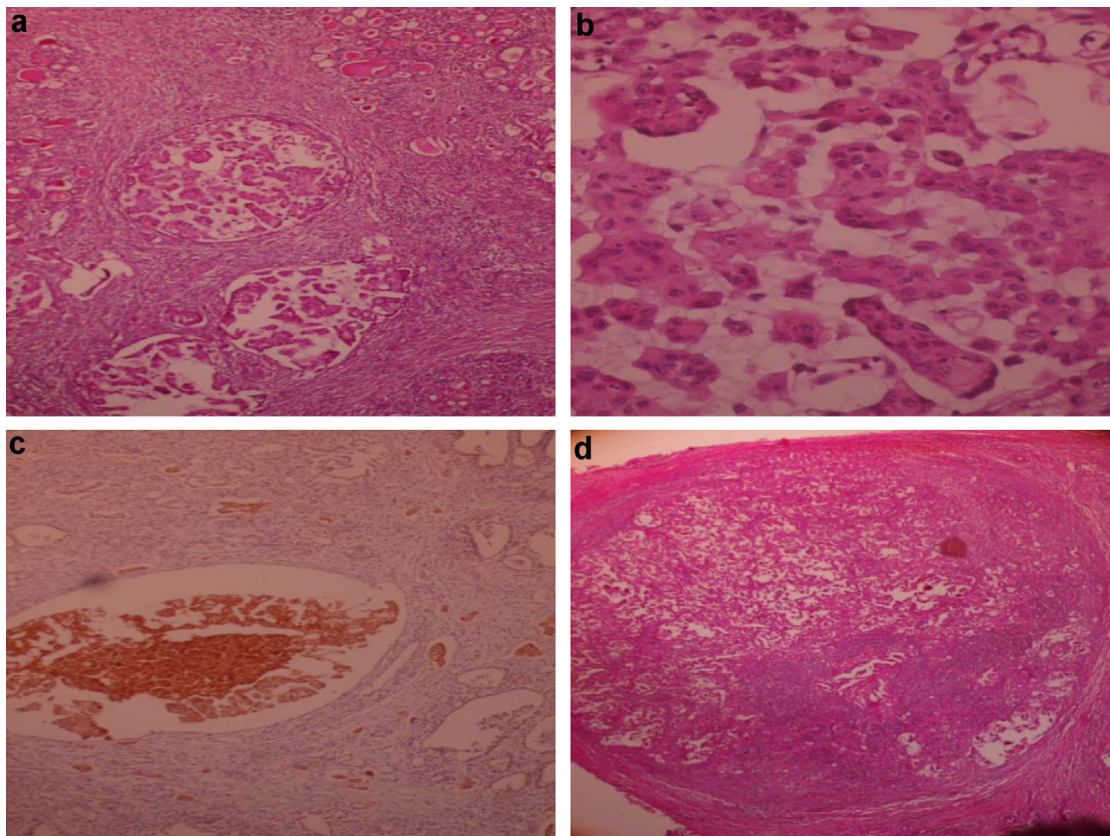


Fig. 2. a: thyroid parenchyma invaded by a carcinomatous proliferation with extracellular mucin. (Hematoxylin Eosin Staining); b: carcinomatous mass in a mucinous stroma; c: lymph node metastasis of a mucinous carcinoma of the thyroid; d: immuno-histochemistry: focal positivity to thyroglobulin.

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