Braz J Otorhinolaryngol. 2016;xxx(xx):xxx–xxx

Brazilian Journal of
OTORHINOLARYNGOLOGY
www.bjorl.org

REVIEW ARTICLE

Thyroid leiomyosarcoma: presentation of two cases and review of the literature☆

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Received 15 October 2015; accepted 13 November 2015

KEYWORDS
Thyroid;
Leiomyosarcoma;
Anaplastic thyroid carcinoma;
Sarcomas

Abstract
Introduction: Leiomyosarcoma is a tumor which is rarely seen in the thyroid gland. The diagnosis may be difficult and the treatment is controversial.
Objective: The objective of the study is to review the literature about a rare malignant disease of the thyroid gland which has high mortality.
Methods: Two cases of thyroid leiomyosarcoma are presented and the previous 23 cases in the current literature are reviewed.
Results: A total of 25 cases of thyroid leiomyosarcoma are reviewed; the most common complaint was rapidly growing anterior neck mass, and ten of the 25 patients had distant metastasis at the initial admission. Fifteen of the 25 patients died with the disease in the first 12 months after the diagnosis.
Conclusion: The differential diagnosis of thyroid leiomyosarcoma is important and should be performed with other malignancies of the gland, especially with anaplastic carcinoma. The prognosis is poor and there is no consensus regarding the treatment.
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PALAVRAS-CHAVE
Tiroide;
Leiomiossarcoma;

Leiomiossarcoma da tireoide: apresentação de dois casos e revisão da literatura

Resumo
Introdução: Leiomiossarcoma é um tumor raramente observado na glândula tireoide. O diagnóstico pode ser difícil e o tratamento é controverso.

☆ Please cite this article as: Şahin Mİ, Vural A, Yüce İ, Çağlı S, Deniz K, Güney E. Thyroid leiomyosarcoma: presentation of two cases and review of the literature. Braz J Otorhinolaryngol. 2016. http://dx.doi.org/10.1016/j.bjorl.2015.11.020

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http://dx.doi.org/10.1016/j.bjorl.2015.11.020
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Carcinoma anaplásico da tireoide;
Sarcomas

Objetivo: O objetivo do estudo foi revisar a literatura sobre um tumor raro da glândula tireoide que possui alto índice de mortalidade.
Método: Dois casos de leiomiossarcoma da tireoide são apresentados, e os 23 casos anteriores relatados na literatura atual foram revisados.
Resultados: Um total de 25 casos de leiomiossarcoma da tireoide foi revisado. A queixa mais comum foi o rápido crescimento de um tumor cervical anterior; 10 dos 25 pacientes apresentavam metástases distantes no momento da admissão. Quinze dos 25 pacientes foram a óbito nos primeiros 12 meses após o diagnóstico.
Conclusão: O diagnóstico diferencial de leiomiossarcoma da tireoide é importante e deve ser feito com outras doenças malignas da glândula, especialmente carcinoma anaplásico. O prognóstico é ruim e não há consenso em relação ao tratamento.
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Introduction

Sarcomas are an extremely rare group of tumors among all thyroid malignancies.[1] The sarcoma types observed in the thyroid are liposarcoma, leiomyosarcoma, and angiosarcoma.[2–4] According to the histological tumor classification of the World Health Organization (WHO), thyroid leiomyosarcoma is classified as a member of the smooth muscle tumors of thyroid glands.[5] Up to now, leiomyosarcoma of the thyroid gland has been described in 23 cases[3,6–25] in English literature. It is difficult to make a preoperative diagnosis of thyroid leiomyosarcoma and differentiate it from anaplastic thyroid carcinoma.[1,15] The prognosis of this tumor is poor. It has been shown that aggressive surgery, adjuvant radiotherapy, and chemotherapy have not been effective on the recurring/relapse rate or survival of the disease.[3,7,14,15] In this report two patients with primary thyroid leiomyosarcoma are presented with the review of the literature.

Case 1

A 39 year old male was admitted with the complaints of weight loss and odynophagia. There was no history of a previous systemic disease. He had been smoking a pack of cigarettes per day for 20 years and consuming alcohol on a daily basis. There was no history of radiation exposure. During the physical examination, a 2-cm nodule was palpated in the left thyroid lobe. The blood count values were normal, and the patient was euthyroid.

In the thyroid ultrasonography (USG), a 24×26 mm hypoechoic solid mass in the left thyroid lobe was observed. Computerized tomography (CT) showed a hypodense nodular mass with dystrophic calcification in the left thyroid lobe (Fig. 1). Additionally, multiple metastatic nodules were present in the lungs (Fig. 2). A USG guided fine needle aspiration biopsy for the thyroid was not diagnostic. Upon that, surgical exploration of the thyroid bed was performed and the frozen examination from the incisional biopsy taken from the thyroid tissue yielded a malignant spindle-cell tumor.

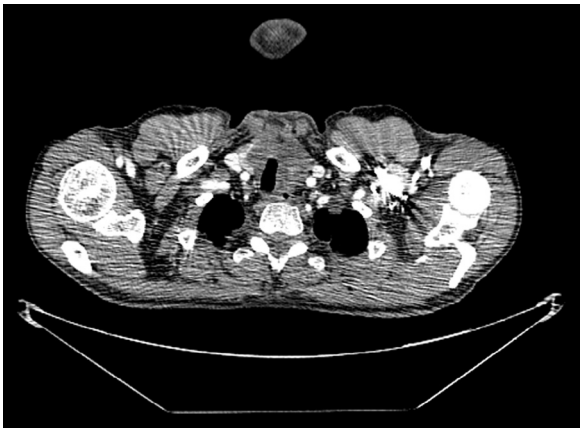

Figure 1 CT scan of the first patient, showing a nodular mass with dystrophic calcification.

Histological examination of the specimen showed spindle cell tumor with highly cellular fascicles. The tumor infiltrated the adjacent fat and striated muscle. 5–10 mitoses/10 HPF were counted.

Immunohistochemical studies showed positive results for vimentin, actin, and desmin in tumor tissue, whereas other

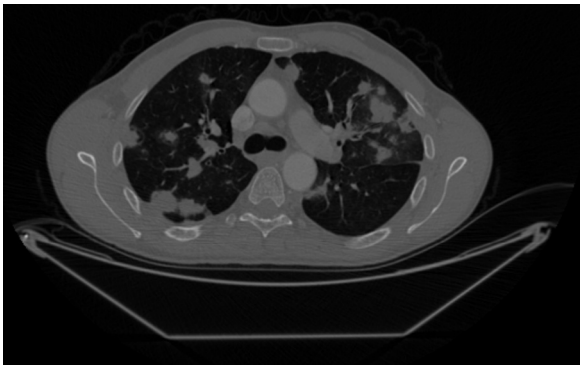

Figure 2 Multiple intraparenchymal and subpleural metastatic nodules in the thorax CT of the first patient.

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