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Mandibular metastasis revealed papillary thyroid carcinoma: Rare case



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ABSTRACT

INTRODUCTION: Papillary carcinoma is the most frequent differentiated malignant thyroid neoplasm, Metastasis occurs frequently in regional lymph nodes and mandibular metastasis are very rare and most are secondary to follicular carcinomas due to their blood diffusion, The mandibular metastasis of papillary carcinoma is exceptional.

CASE REPORT: We report a rare case of mandibular metastasis revealing papillary thyroid carcinoma in a 52-year-old patient, with a review of the literature on clinical features, radiological aspect, and treatment options.

DISCUSSION CONCLUSION: Mandibular metastasis of thyroid cancer are rare and the initial metastases revealing papillary carcinoma are exceptional, few cases are reported in the literature, and due to their rarities and relative lack of data on their management, There is no clearly defined processing algorithm.

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1. Introduction

Papillary carcinoma is the most common cancer of the thyroid, accounting for about 80%–90% of thyroid cancers [1]. The most common sites of revealing metastases are lung and bone [1]. The presence of distant metastasis is an element of poor prognosis associated with a decrease in survival rates [2]. Mandibular metastasis are very rare [3] and most are secondary to vesicular carcinomas due to their blood diffusion [4]. Initial mandibular metastases are extremely rare with few cases reported in the literature [5]. We present a case of initial mandibular metastasis revealing papillary carcinoma of the thyroid. This work has been written in accordance with the SCARE criteria [6].

2. Observation

A 52-year-old North African woman was referred to the otorhinolaryngology clinic with a complaint of left painless mandibular tumefaction, evolving gradually for 2 months. The mass was hard, integral with the left half-mandible. No effect on the teeth and occlusion was seen. Moreover, there was no disorder of mucocutaneous sensation in the territory of the lower alveolar nerve, and the rest of the somatic examination was unusual. Panoramic radiography showed a osteolytic lesion (mass) in the left

hemi-mandibular with cortical expansion (Fig. 1). An incisional biopsy was performed intraorally. The histopathologic study revealed a metastasis of papillary thyroid carcinoma (Fig. 2).

The cervical ultrasound showed an enlarged thyroid-sized, seat of several nodules classifying TI-RADS 4B (Thyroid Imaging-Reporting and Database System.) without cervical nodes. No other metastatic lesions were detected in whole body scan. The patient underwent total thyroidectomy and the anatomopathological evaluation was compatible with thyroid papillary carcinoma (Fig. 3). After 15 days the mandibular mass was removed by segmental mandibulectomy and the bone defect was reconstructed with a titanium reconstructive plate (Fig. 4). The patient had no recurrence after 6 months of follow up.

3. Discussion

Although the true incidence of metastatic tumors to the jaw bones is unknown, these metastatic lesions make up around 1% of all oral malignancies [7]. Both the jaws and the oral soft tissues may be affected by metastatic cancer with a predilection for the mandible and the gingiva, respectively [7]. In general, oral metastases to the maxilla are rare, corresponding to less than one-fifth of all metastatic tumors to the jaws [8]. It has been suggested that the predilection of metastasis to the ramus and angle of the mandible reflects the rich blood circulation in the medullary cavity of these regions [8].

The symptoms of a metastatic tumor in the mandible include pain, swelling, loosening of teeth, paresthesia, cervical lym-

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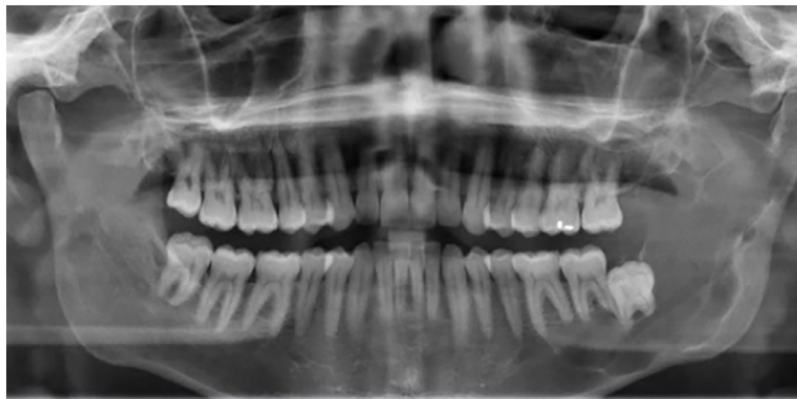


Fig. 1. Panoramic Radiography Showed Osteolytic Lesion.

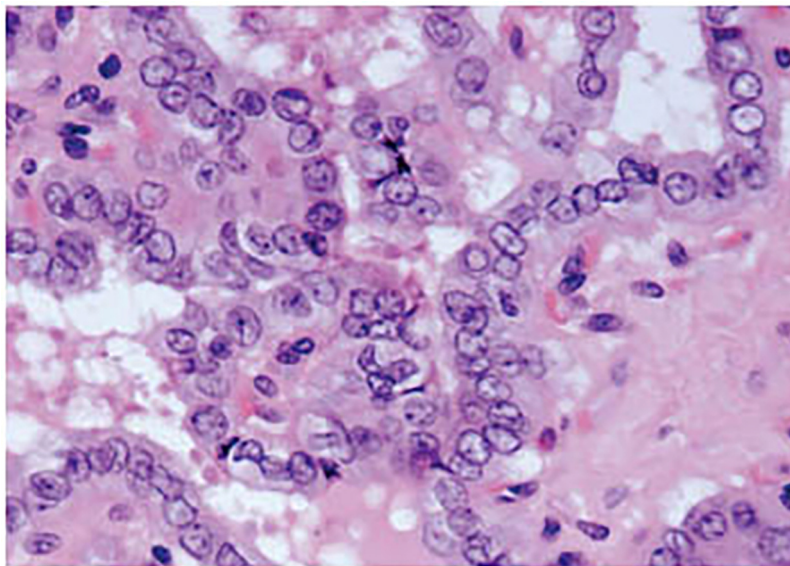


Fig. 2. Histopathologic Study Revealed a Metastasis of Papillary Thyroid Carcinoma.



Fig. 3. Total Thyroidectomy.

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