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## CASE REPORT

### AN UNUSUAL PRESENTATION OF OCCULT PAPILLARY CARCINOMA OF THYROID

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#### Abstract

The lymph nodal metastasis of an occult primary carcinoma of thyroid presenting as a lymphangioma has been reported rarely. We present a case of a 50-year-old male patient with a firm, fluctuant swelling in the right posterior triangle of the neck progressively increasing in size since 6 months. An excisional biopsy of the mass was carried out and histopathology revealed metastatic papillary carcinoma. Later sonogram of the thyroid revealed a solitary lesion 0.8 cm in diameter. Total thyroidectomy and bilateral neck dissection were then performed.

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#### Introduction

Papillary carcinomas of thyroid metastasize to lymph nodes in approximately 40% cases. Nodal involvement commonly occurs in the internal jugular and recurrent laryngeal chain (1). Such metastasis in the lymph nodes of posterior triangle of neck giving a lymphangioma like picture is rare. In our case, a prior CT scan and FNAC of the swelling revealed it to be a lymphangioma. This was in contrast with the intra operative findings, which revealed multiple small cystic lymph nodes under the larger swelling, which was labeled as lymphangioma.

To date, only five such cases have been reported. Hence, we report such a case to highlight one more differential diagnosis.

#### CASE REPORT:

A 50-year-old male patient presented with a slowly growing right sided neck mass for 6 months (Figure 1). He had no history of goiter or radiological exposure. Physical examination revealed a mass in the posterior triangle of neck measuring 5x4 cm with firm rubbery consistency, under the sternocleidomastoid muscle. CT scan and FNAC of the swelling revealed a lymphangioma (Figure 2).

On a clinical diagnosis of lymphangioma, the mass was excised. Intra operatively three small cystic masses were detected under the overlying larger one,

which were also, excised (Figure 3). Histopathological examination revealed metastatic papillary carcinoma (Figure 4). Sonography of the thyroid, performed to determine the location of the primary tumor, revealed a small primary measuring 1 x 0.5 cm. Hence, the patient was reoperated for total thyroidectomy with bilateral selective neck dissection. I-131 ablation was also given for 6 weeks and post ablation scan showed no uptake of radioiodine. A thyrotoxin supplement was prescribed to the patient.

Follow-up whole body scans at 4 and 6 weeks showed no further uptake. Serum thyroglobulin levels under thyroxine supplement were also within normal range.

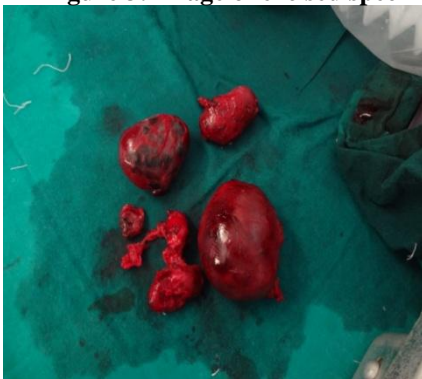
Figure 1: Image of the patient.



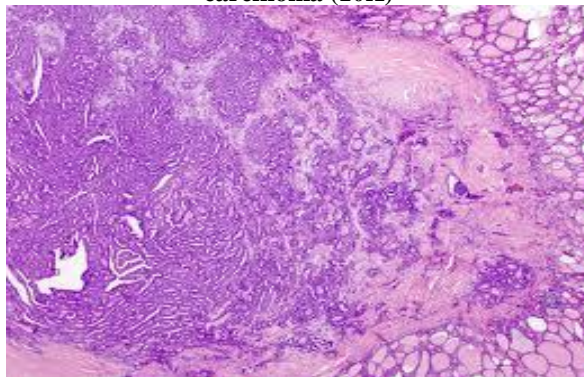
**Figure 2: CT scan showing right sided lymphangioma**



**Figure 3: Image of excised specimen**



**Figure: Histopathology showing papillary carcinoma (10X)**



## DISCUSSION:

In a clinical evaluation of a neck mass of recent onset in older adults ( $\geq 40$  years old), malignancy must be considered first, especially lymphoma and metastatic carcinoma. Other etiologies include Infectious (granulomatous) lymphadenitis and rarely, bilateral carotid body tumours (2). In a review study,

163 community-based patients who had asymmetric neck masses underwent neck biopsies, and the results showed 29.4% metastatic carcinomas and 21.4% lymphomas (3). These findings are consistent with the 50% incidence rate of malignancy in adult patients (4).

This case was incidentally diagnosed as metastatic papillary carcinoma of thyroid in sharp contrast with radiological and clinical findings. Cervical lymph node involvement at presentation has been reported to be approximately 30% in thyroid papillary carcinoma cases. In some cases of cervical metastatic papillary carcinoma, the primary lesion in the thyroid gland may not be detectable by ultrasonography. Such cases are defined as occult primary carcinomas in literature and our patient initially fit the definition. It has been reported that primary thyroid papillary carcinoma is found in 64% of cases of occult papillary carcinoma after total thyroidectomy (5).

The incidence of cervical lymph node metastases giving a lymphangioma picture from occult thyroid papillary carcinoma has been estimated to be approximately 8% (6). The surgical treatment of papillary carcinoma with neck metastasis should include lateral neck dissection with total thyroidectomy, bilateral central compartment dissection, and postoperative radioactive iodine ablation therapy.

There was no evidence of locoregional or distant metastasis 6 weeks after one course of I-131 ablation therapy.

To conclude, we have presented a rare case of occult thyroid papillary carcinoma presenting as a mass mimicking a cervical lymphangioma. The differential diagnosis of metastatic thyroid papillary carcinoma must always be considered in such cases.

## References

1. LiVolsi VA, Perzin KH, Savetsky L (1994). Carcinoma arising in median ectopic thyroid. *Cancer* 34(2):1303–15.
2. Maher MM, O'Neill S, Corrigan TP, Murray JG (2000). Bilateral neck masses. *British Journal Radiology* ;73 (3):223–4.
3. Lee JG, Helmus C (1999). Cervical lymph node biopsy. *IJLO*; 69(9):581–3.
4. Cobin RH, Gharib H, Bergman DA, Clark OH, Cooper DS, Daniels GH, Dicky RA, et al (2001). AAACE/AAES medical/surgical guidelines for clinical practice: management of thyroid carcinoma.

Endocrinological Practices ;7 (4):202–20.

5. Ito Y, Hirokawa M, Fukushima M, Inoue H, Yabuta T, Uruno T, Kihara M, et al(2008). Occult papillary thyroid carcinoma: diagnostic and clinical implications in the era of routine ultrasonography. World Journal of Surgery; 32(1) ;1955–60.

6. Pribitkin EA, Friedman O (2002). Papillary carcinoma in a thyroglossal duct remnant. Archives Otolaryngology Head and Neck Surg; 128 (3) 461–2.

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