

# SQUAMOUS CELL THYROID CARCINOMA, THE IMPORTANCE OF EARLY DIAGNOSIS AND TREATMENT.

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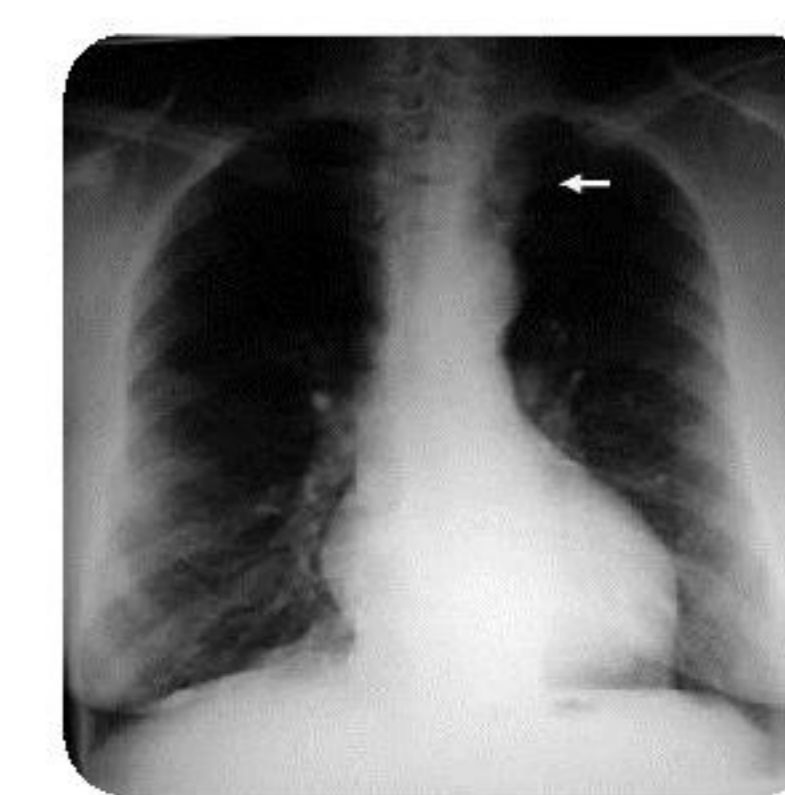
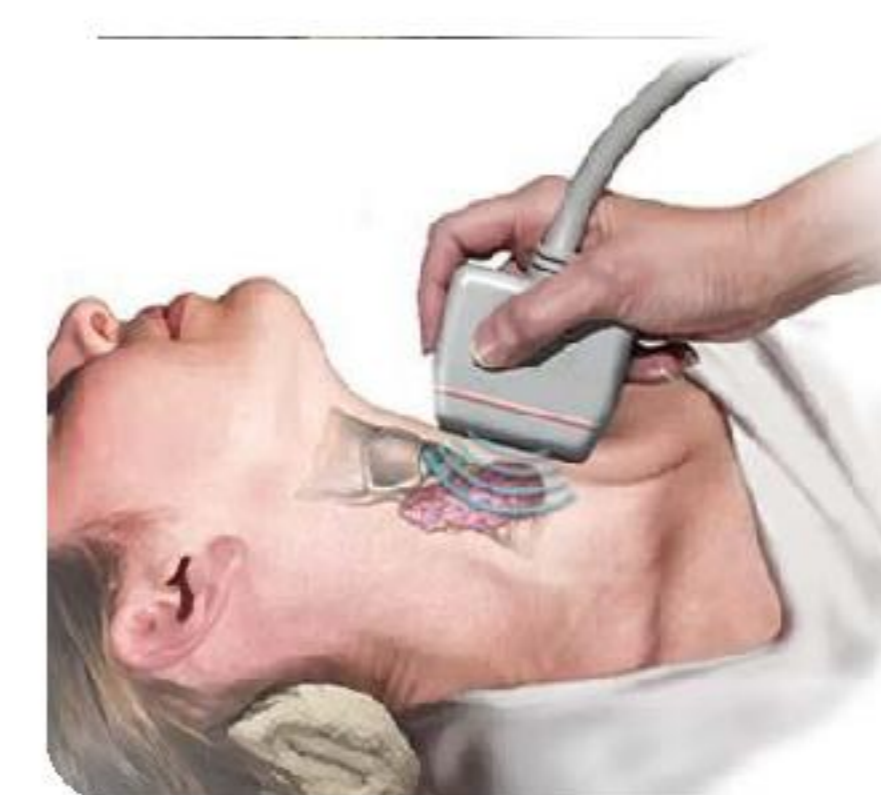
## Introduction

Squamous cell thyroid carcinoma is a very rare malignant epithelial tumor. It presents as rapid growth cervical mass, may affect neighbour structures and sometimes metastasizes other parts of the body. It's often associated with previous goiter history and occasionally with autoimmune thyroiditis. It can appear pure, as a component of undifferentiated carcinoma, or combined with differentiated carcinoma areas (papillary or follicular).

## Case Report



31 years old woman, with goiter family history (mother and paternal aunt). Without any previous history or cervical radiotherapy. She presented an **anterocervical lump, without compressive discomfort**. Physical examination: multinodular goiter (MNG) grade 2.



Neck ultrasound: **bilateral MNG with endothoracic projection** and left prevalence with **3 cm dominant nodule**. Biochemistry: TSH 1  $\mu$ UI/mL. Ultrasound-guided FNA: colloid nodule with cyst formation. X-ray chest: left-extrinsic tracheal mark.

**Incidental Squamous carcinoma was detected.**

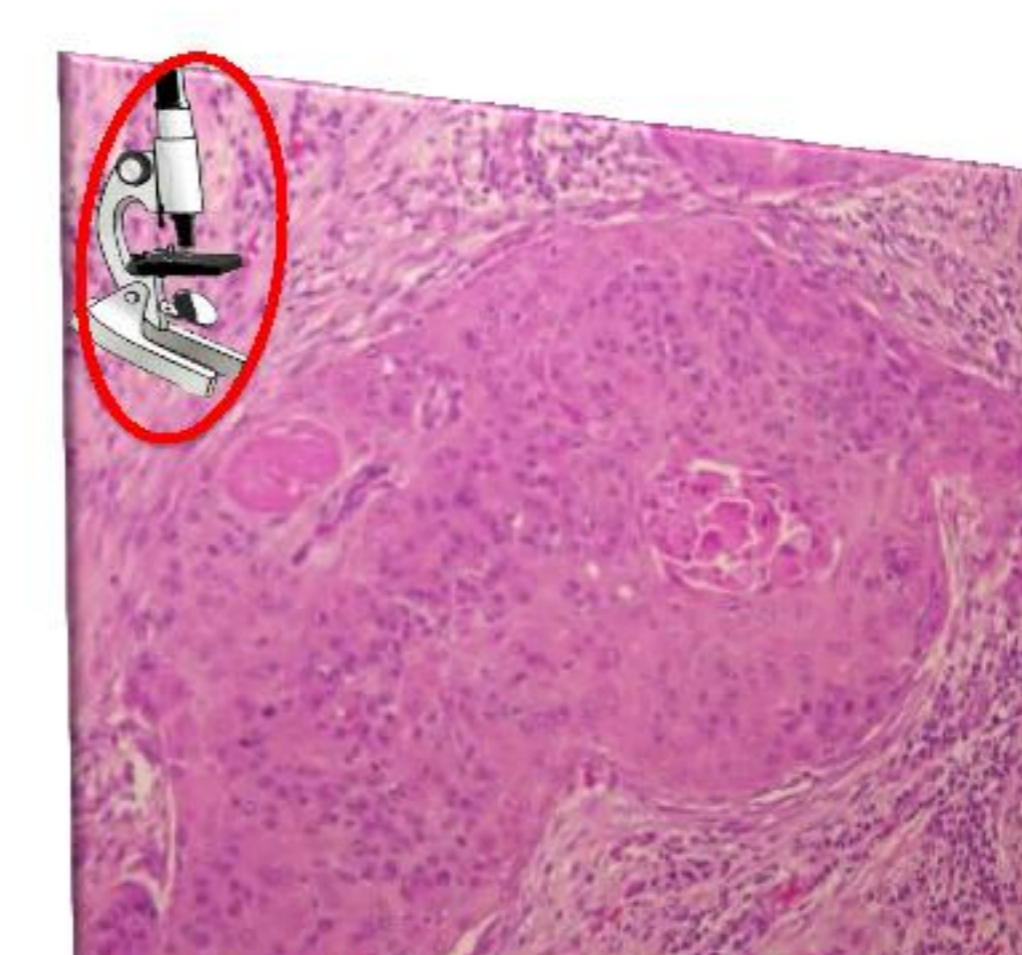
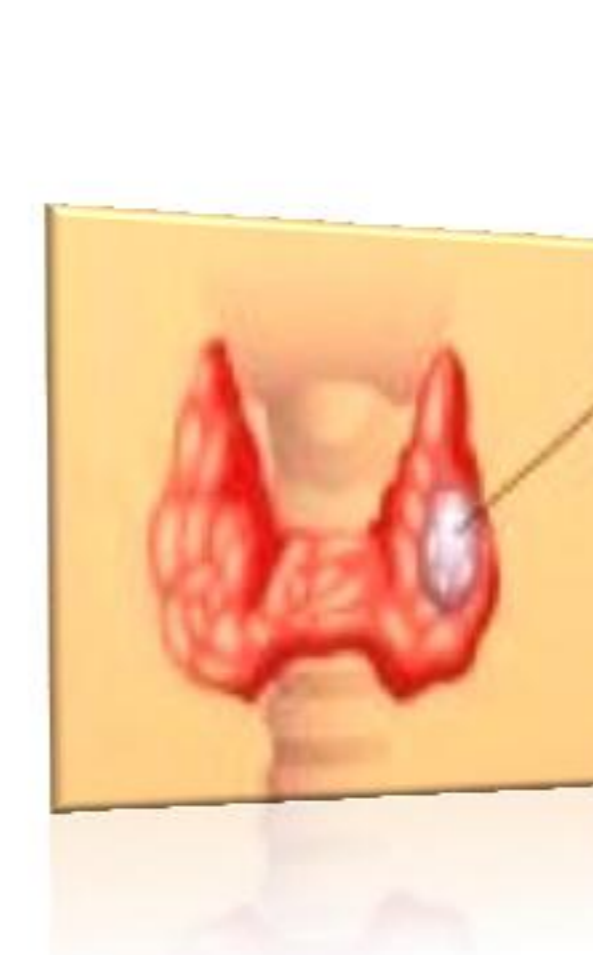
Histopathology: colloid nodules with peripheral areas of squamous metaplasia, including nuclear atypia area, mitosis and p53 expression suggestive of **squamous carcinoma transformation**, the tumor doesn't exceed the capsule, there were no lymphatic or vascular infiltration.



Because of nodule size and endothoracic projection, we decided **total thyroidectomy**.



Extension post-surgery, we apply for a thyroid ultrasound with suggestive image of scar tissue in left thyroid bed and **PET-CT was negative**. Oncology Service examined our case, no adjuvant treatment was recommended.



Currently, three years after surgery, the patient remains free of disease.

## Conclusion

Squamous cell thyroid carcinoma is an aggressive tumor, usually lethal. It requires rapid diagnosis. The best option of treatment is radical surgery, only possible if early diagnosis, as in our case. The use of postoperative external radiotherapy or adjuvant chemotherapy should be considered because of the high rate of local recurrence of these tumors.

The 17th European Congress of Endocrinology

Dublin (Ireland), 16 – 20 May 2015

