

# A rare case of papillary thyroid carcinoma and MALT thyroid lymphoma in the setting of Hashimoto's thyroiditis

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## INTRODUCTION

Papillary thyroid carcinoma (PTC) is the most common thyroid malignancy (80%), while primary thyroid lymphomas (PTL) occur in only 0.6 to 5% of cases. A significant number of PTCs, as well as PTLs, arise in the setting of Hashimoto's thyroiditis (HT), however the simultaneous occurrence of these two malignancies is extremely rare [1].

## CASE REPORT

We present a 34-year-old female patient with thyroid MALT lymphoma and coexisting papillary microcarcinoma (PMC) in the setting of HT in the contralateral lobe, that was admitted to our Institution for thyroid surgery.

*Physical and ultrasonical examination in our Institution showed euthyroid multinodal goiter with negative regional lymph nodes. Patient had no compressive symptoms or lymphoma-related symptoms. Increased antibodies' level was observed with HT findings on preoperative fine-needle aspiration biopsy.*

Patient was submitted to total thyroidectomy with sentinel lymph node biopsy (SLNB) of jugulo-carotid regions after 1%-methylene blue dye injection. Histopathology analysis showed MALT lymphoma in the right lobe (Fig. 1) and HT (Fig. 2) with incidental PMC (Fig. 3) in the left lobe. Lymph nodes were diagnosed as benign, with reactive sinus histiocytosis.

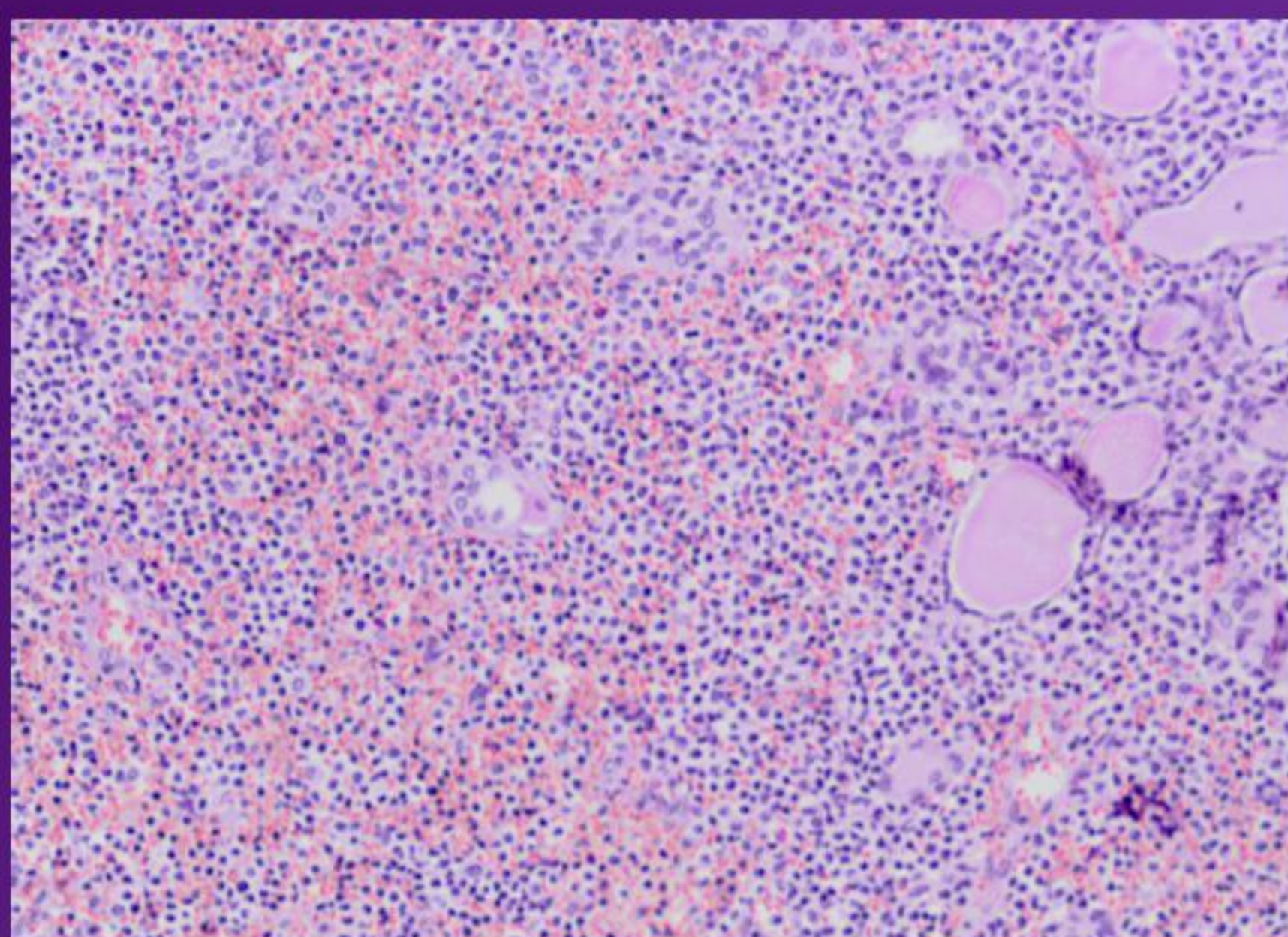


Figure 1: MALT lymphoma (H&E) in the right thyroid lobe

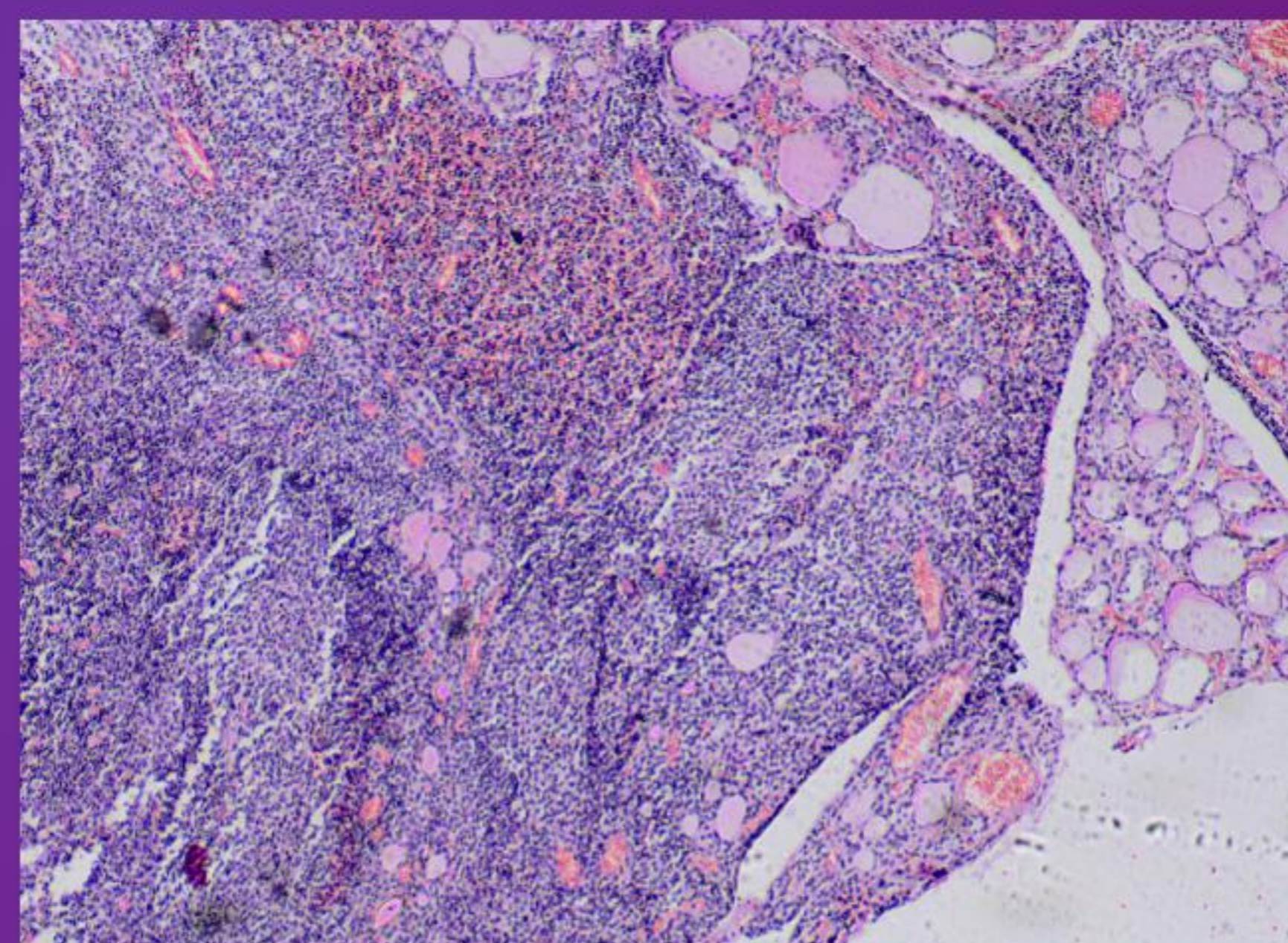


Figure 2: Hashimoto's thyroiditis in the left thyroid lobe

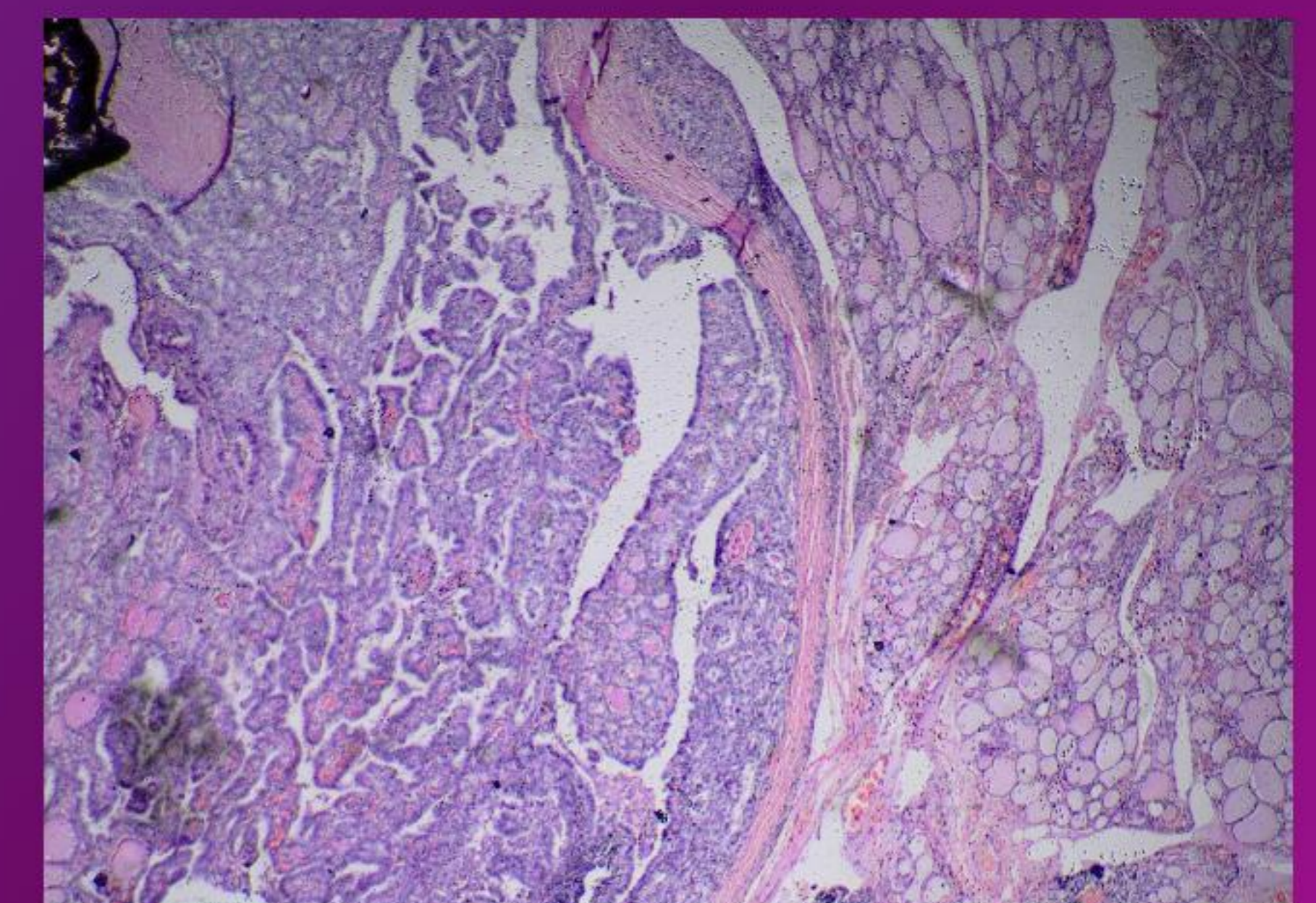


Figure 3: Papillary thyroid carcinoma in the left lobe in the field of Hashimoto's thyroiditis

Postoperative whole body scintigraphy with radioiodine 131 was negative and substitutional-suppressive therapy with Levothyroxine was initiated. Complete multidisciplinary diagnostic evaluation for MALT lymphoma was performed with confirmation of PTL stage IE, thus no further therapy was conducted.

**Ten months after surgery, presented patient is without recurrence.**

## CONCLUSION

Optimal management of coexisting PTC and MALT lymphoma depends on stage of both diseases at the initial presentation. In patients with HT, attention should be focused on frequent concomitant PTCs and possible occurrence of lymphomas, thus total thyroidectomy represents a therapy of choice, with mandatory examination of lymph nodes. In this reported case SLNB.

## REFERENCES

1. Tarui T, Ishikawa N, Kadoya S, et al. Co-occurrence of papillary thyroid cancer and MALT lymphoma of the thyroid with severe airway obstruction: A case report and review of the literature. *Int J Surg Case Rep* 2014; 5(9):594-597.

Clinical case reports;  
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