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INTRODUCTION

Hodgkin s lymphoma affecting thyroid gland is very rare. Worldwide has been reported less than 50 cases so far and we describe another one.

CASE REPORT

A 22-year old woman was referred to our department for a rapid enlargement of thyroid gland.

- Presenting symptoms: dysphagia, dry cough, stridor, night sweats and intermittent fever
- Clinical examination: unilaterally large hypoechoic right thyroid lobe, deviating trachea to the left and at least two suspicious supraclavicular lymph nodes along the right sternocleidomastoid muscle
- Laboratory results: euthyroid, thyroid antibodies negative, nonsignificant changes in blood count. Elevation of lactate dehydrogenase 6 μ kat/l, C-reactive protein 53 mg/l, erythrocyte sedimentation rate - 6 mm/1st hour

Diagnosis and management:

- Fine-needle aspiration cytology (FNAC) was highly suspicious of lymphoma, but **flow cytometry did not prove** any abnormal lymphocyte clone consistent with lymphoma.
- Therefore a **probatory excision from the right thyroid lobe was performed**, where final diagnosis of classical Hodgkin s lymphoma, nodular sclerosing subtype was settled, advanced stage IIB+E (extra-nodal involvement) according to PET/CT scan.
- After chemotherapy is the patient 19 months in complete remission.

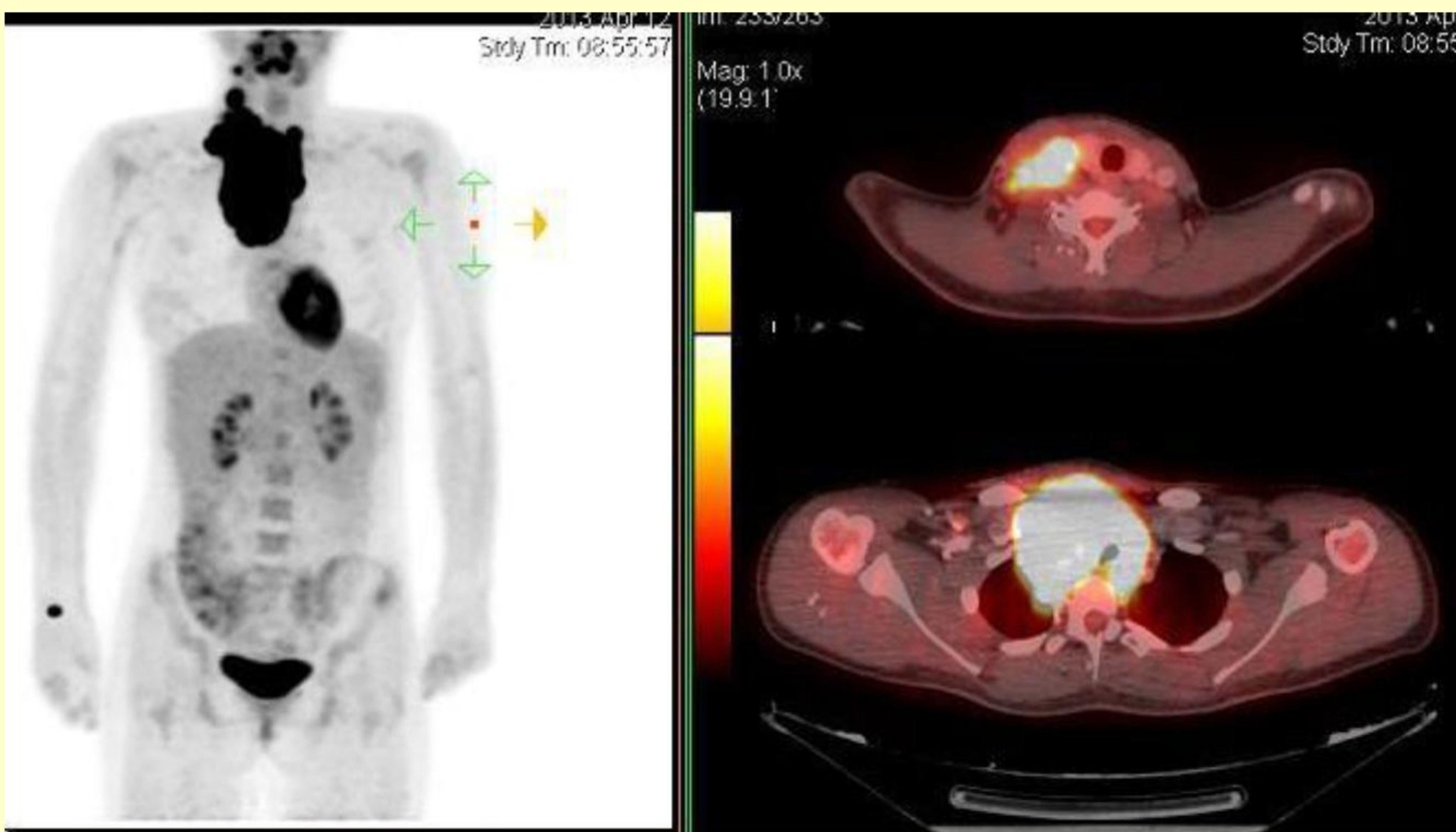


Fig.1. PET/CT scan with FDG positive signal, pathology in anterior mediastinum and neck structures. Staging of Hodgkin s lymphoma prior treatment.

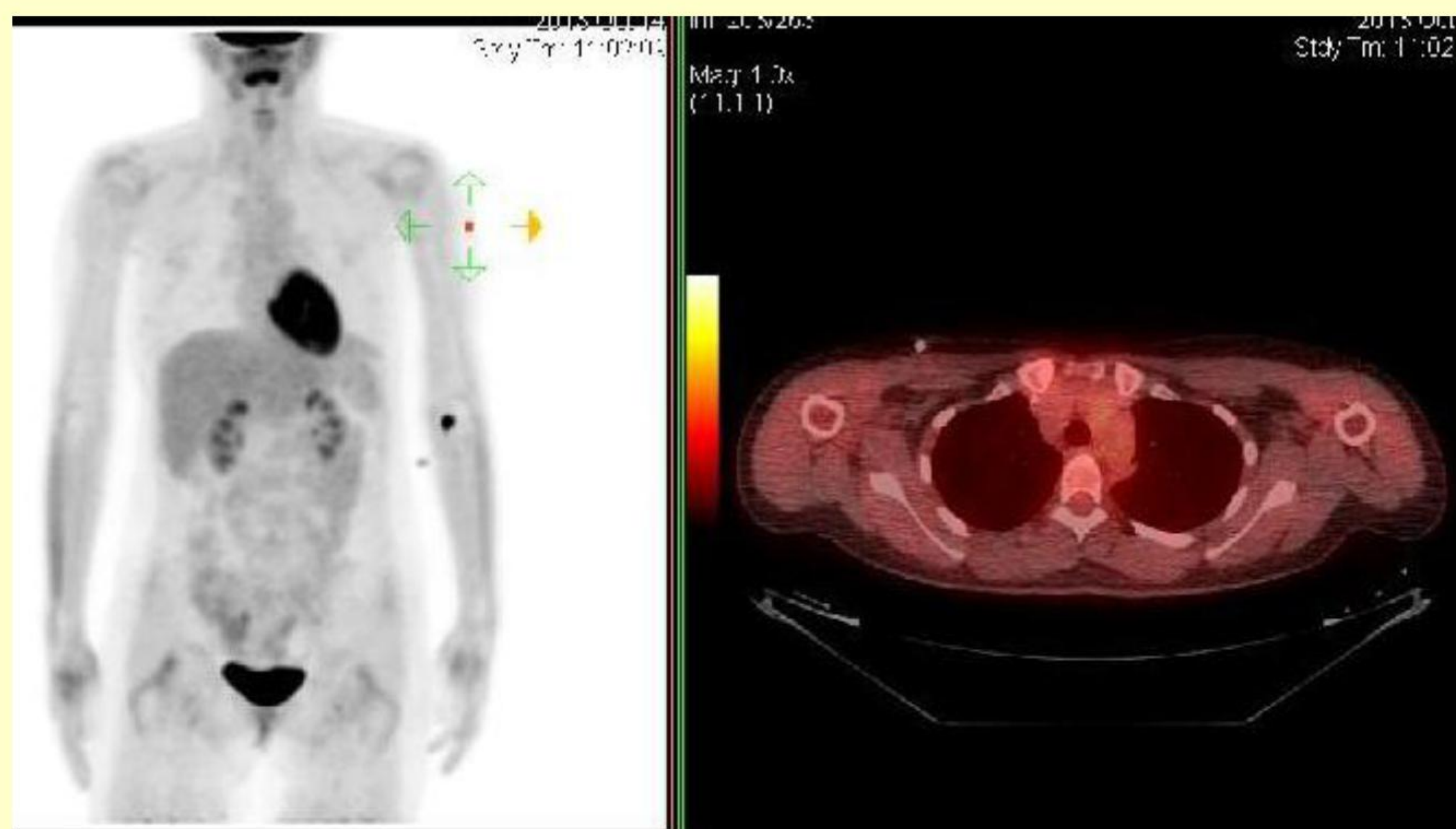


Fig.2. PET/CT scan after chemotherapy treatment. Complete remission achieved.



Fig.3. Diagnostic Reed-Sternberg cells in Hodgkin s lymphoma, marked with red arrows..

CONCLUSION

•Hodgkin s lymphoma in a thyroid gland is a **rarity**, such manifestation is usually caused by an infiltrative growth from mediastinal tumor mass. Primary location in thyroid is unique. The FNAC or flow cytometry fails and the final diagnosis is based on representative biopsy.

•Despite its rarity, Hodgkin s lymphoma should be considered in a differential diagnosis of rapid thyroid enlargement, remembering low accuracy of standard presurgical diagnostic methods.

