

A Giant Lung Metastasis of Thyroid Papillary Carcinoma

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Introduction:

Papillary thyroid carcinoma (PTC) patients with distant metastasis (DM) have variable clinical forms. PTC mostly metastasizes to the regional cervical lymph node. Metastasis rate is approximately 20–90% available when diagnosed. In addition, the overall incidence of DM is approximately 10%. DM are usually to the lungs, bone and brain. Furthermore rarely liver, pancreas, skeletal muscle, adrenal gland, ovaries, sphenoid sinuses and submandibular gland metastases can be occurred. Lung metastases of PTC can manifest as local mass, nodular, multiple miliary metastases, generalized lymphadenopathy and pleural effusion.

Case Report:

A 61-year-old woman presented to the outpatient clinic with complaints of dry hacking cough and chest pain. Chest x-ray revealed major pulmonary lesions (90x131 mm) which was confirmed on computed tomography analysis (3D Measurement 99x102x126 mm). Transthoracic lung biopsy was performed and PTC metastasis was diagnosed in histological examination. Since the histological diagnosis was PTC, we checked the thyroid gland. Ultrasound examination of thyroid gland showed 30x34 mm and 20x15 mm hypoechoic solid nodules with micro calcification in the left lobe. Malign sitology was verified with fine needle aspiration biopsy. Because of these findings total thyroidectomy was performed. Microscopically, PTC was diagnosed without capsular, perineural and lenfovacular invasion. The surgical board of tumor was negative. Lung metastases of PTC was considered inoperable by thoracic surgery because the invasion of third and fourth rib. The patient was discharged after treatment of iodine 131 therapy.

Conclusions:

The incidence of DM related with PTC is %4-6. However, we did not find giant lung metastases as our case when we did literature review. It was also interesting that the local invasion in thyroidectomy materials was absent. As a result, the PTC associated metastasis must be thought when we find giant mass in the lung.