

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Surgery Quiz – Case 32

An 86-year-old female presented to the emergency department due to a large anterior neck mass with overlying-skin ulceration and bleeding. The patient submitted 18-years prior to right-hemithyroidectomy for stage I/pT1bpN0M0 low-risk papillary thyroid cancer (PTC) followed 1-year after by completion thyroidectomy plus right central-neck dissection for stage III/pT1pN1M0 intermediate risk PTC recurrence; no adjuvant radioactive iodine (RAI) and no follow-up applied based on patient's decision. Clinical examination revealed a large, freely-mobile, non-tender, soft anterior neck mass covered by a network of enlarged veins with multiple skin ulcerations (fig. 1). The patient was under levothyroxine-treatment; thyroid-function and serum Tg-antibodies were normal, serum Tg was 237 ng/mL. Neck-ultrasound depicted a U5 (malignant) 81×42×55 mm solid hypoechoic nodule with irregular outline, microcalcifications and increased intranodular vascularity; fine-needle aspiration (FNA) was suggestive of PTC. Computed tomography (CT) revealed a solid irregular with increased vascularity thyroid-bed nodule without lymph-node involvement (fig. 2). PET (Positron emission tomography)/CT revealed extensive metastazitation into lung.

Is there a role for surgery?

Comment

Non-invasive palliative treatment was initially decided based on patient's advanced age and extensive metastatic disease. However, as active bleeding from the ulcerated skin surface didn't respond to



Figure 1

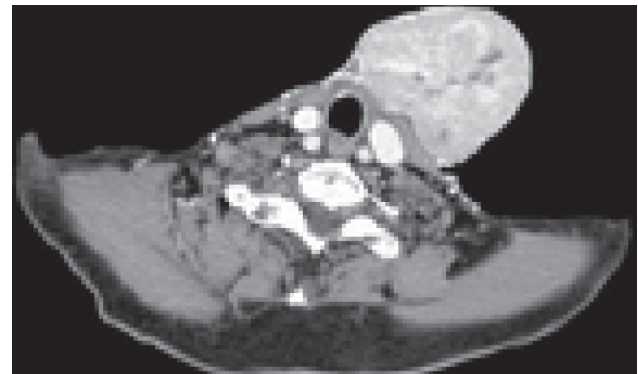


Figure 2

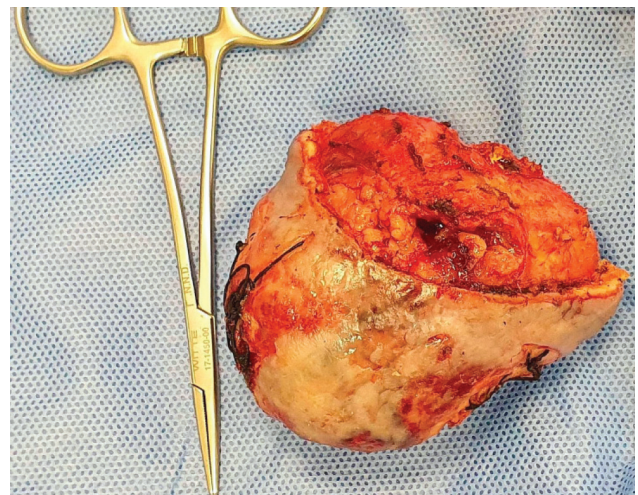


Figure 3

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local silver nitrate treatment, salvage resection of the large thyroid bed PTC recurrence performed without complications (figures 3, 4). In conclusion, salvage surgery seems to be a safe and effective op-



Figure 4

tion for local palliative treatment of late thyroid bed recurrence in metastatic papillary thyroid carcinoma.

References

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