THE MYSTERY OF THE UNSEEN

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Background/Purpose: A case of 69 year-old, male, who complained of progressive intermittent neck pain for 2 months, initially managed as a case of osteodegenerative cervical spine disease which worsened resulting to neck immobility prompting further work-up.
Physical examination revealed an anterior neck scar with the neck maintained on a flexed position due to pain. The rest of the physical and neurologic examination was unremarkable. He is a known diabetic with hypertensive ischemic cardiovascular disease and was post subtotal thyroidectomy 7 years ago for an apparently "benign nodule" for which no follow up was done.
Imaging studies showed lytic bone lesions suggesting a metastatic process. In pursuing its etiology, a CT-guided biopsy of a left hip mass that was seen on abdominal CT scan was done and revealed presence of metastatic cells consistent with metastatic follicular thyroid carcinoma.
Immediate completion thyroidectomy was contemplated but initially deferred due to neck instability and patient's cardiac status as he developed episodes of atrial fibrillation. Thyroid function test revealed hyperthyroidism for which he was started on methimazole. Options of whether giving RAI therapy versus EBRT to the cervical spine were discussed but eventually proceeded with completion thyroidectomy which revealed colloid adenoma.
Methods: N/A
Results: N/A
Discussion & Conclusion: The diagnosis of follicular carcinoma requires the presence of capsular and/or vascular invasion. In this patient, the biopsy from the thyroid gland obtained during the thyroidectomy differed from the iliac bone biopsy which showed metastatic thyroid cancer. Where did the metastasis come from? Could it be from the apparently "benign" nodule removed 7 years ago? Could this be a microfollicular carcinoma or a follicular variant of papillary thyroid carcinoma that was missed?