

RARE CASE OF AXILLARY LYMPH NODES METASTASIS IN A PATIENT WITH RECURRENT PAPILLARY THYROID CANCER

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Background/Purpose: A case of metastatic axillary lymphadenopathy in a 61 years old male patient with a recurrent papillary thyroid cancer. The patient underwent total thyroidectomy with right radical block neck dissection 18 months ago followed by 2 doses of radioactive iodine. Then presented with recurrent mass at right lower parotid region with left cervical lymphadenopathy & left axillary lymphadenopathy
Methods: Fine needle aspiration from the left cervical lymph nodes and from the axillary lymph nodes revealed metastatic papillary thyroid cancer. So the patient was managed by removal of the recurrent mass, left modified radical block neck dissection & left axillary block dissection was.

Results: The patient was managed by removal of the recurrent mass, left modified radical block neck dissection & left axillary block dissection. Postoperative pathology revealed: recurrent papillary cancer at right intraparotid mass, infiltration of 10/16 lymph nodes of the left block dissection & infiltration of 1/1 lymph nodes in axilla by tumor tissue.

Discussion & Conclusion: Axillary LNM from thyroid carcinoma is exceedingly rare and may be an indicator of systemic disease with poor prognosis. Malignant tumors can partially block lymphatic pathways, potentially resulting in axillary LNM. When sentinel nodes around the lymphatic terminus in the jugulosubclavian confluence are involved, disease spreads in a retrograde direction. These retrograde pathways can ultimately culminate in Axillary LNM. In summary, we reported a case of axillary LNM from recurrent papillary thyroid cancer. Both the recurrent tumor and lymphadenopathy from the neck to axilla were resected curatively. Thus, patients who have axillary LNM from PTC, including those with TNM stage I disease, require aggressive treatment.