

UNUSUAL CASE OF COEXISTING PAPILLARY THYROID CARCINOMA AND PRIMARY THYROID LARGE CELL LYMPHOMA

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Background/Purpose: We present an unusual case of coexisting Papillary Thyroid Cancer (PTC) and thyroid lymphoma with lateral compartment lymphadenopathy from both entities. The typical US and CT findings of these two entities are reviewed.

Methods: 64 year old male presented with cervical lymphadenopathy, night sweats, and 35 lb weight loss. CT showed a large left thyroid mass with tracheal deviation, and bilateral, multilevel, LAD with both cystic and solid nodes. Fine-needle aspiration (FNA) of the left thyroid mass and left neck node revealed large cell lymphoma. Following 3 cycles of chemotherapy, the patient self-referred to MDACC for an enlarging right neck mass. PET-CT demonstrated resolution of the left thyroid mass and improved lymphadenopathy, without residual FDG avid disease. However, a cystic right neck node had increased in size. FNA and core biopsy of the cystic node were both non-diagnostic. Thyroid ultrasound demonstrated hypoechoic masses in both lobes. Repeat FNA of the right cystic neck node for assessment of the FNA cyst fluid for thyroglobulin(Tg) level (Result Tg=152590) also demonstrated PTC on this repeat cytology.

Results: Patient underwent total thyroidectomy and bilateral neck dissection, demonstrating multifocal PTC with multiple metastatic lymph nodes.

Discussion & Conclusion: Coexisting thyroid lymphoma and PTC is very rare. Cystic nodes and microcalcification within nodes are not associated with lymphoma, and raise the concern for coexisting PTC. While preferred in cases of lymphoma, core biopsy can be non-diagnostic when dealing with cystic nodes from PTC. FNA can be acellular with cystic nodes, and Tg assay is essential to establishing a diagnosis of metastatic PTC.