Background/Purpose: Papillary Thyroid cancer is the most common type of cancer in this gland, and distant metastases are rare (1-3), represent only 1-7% of metastases, and only 0.1% of these are intracranial (1,5). In the reviewed literature; there are no reported cases of papillary thyroid cancer metastatic to the clivus. The aim of this paper is to describe a case of papillary thyroid carcinoma metastatic to the clivus, managed at the Oncologic Institute of the Clínica Las Americas.

Methods: A 45 years old woman was admitted to the hospital because of six months of neck pain associated with occipital headache. A brain MRI revealed a mass in in the clivus. Surgical resection was performed with a diagnosis by immunohistochemistry of papillary thyroid cancer. Thyroid ultrasound showed a heterogeneous mass with FNA that reported papillary thyroid carcinoma. The patient was treated by total thyroidectomy plus central neck and upper mediastinum lymph node dissection; with subsequent radiiodine ablation therapy, and radiotherapy to the metastasis in the posterior fossa.

Results: Six months after, the patient is in good condition and returned to work.

Discussion & Conclusion: In conclusion distant metastases of papillary thyroid carcinoma are rare, and may occur in unusual locations such as the base of the skull, where can manifest with compressive neurological symptoms. Hence the thyroid cancer should be considered in the differential diagnosis of intracranial metastases.