

## **A MEDULLARY THYROID CARCINOMA CASE WITH AGGRESSIVE COURSE**

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**Background/Purpose:** We aimed to report a case of a patient who underwent 17 operations for medullary thyroid carcinoma (MTC) and subsequently had a Whipple procedure due to the metastasis of his illness to the pancreas.

**Methods:** The clinical history, physical findings, laboratory-imaging studies and pathologic findings of the patient who underwent a Whipple procedure for a metastatic MTC to the pancreas has been reviewed.

**Results:** Following an excision of a 5cm nodule from the left cervical area, the 53-year-old male patient was diagnosed with MTC and had a bilateral total thyroidectomy and a bilateral cervical dissection. He subsequently had another 15 operations due to the metastases to cervical, axillary and scapular lymph nodes. His constantly high calcitonin levels (>3000) necessitated further examinations revealing a 63x40mm tumorous lesion in the uncinate process of pancreas and multiple paraaortic lymphadenopathies. Afterwards a pylorus-preserving Whipple procedure and a paraaortic lymphadenectomy were conducted. Histopathology yielded a 5cm tumorous tissue adjacent to the pancreas and a 3,5cm and a 1,5cm MTC metastases in the conglomerate lymph nodes. The postoperative calcitonin levels of the patient were normal.

**Discussion & Conclusion:** Although MTC usually manifests as a solitary thyroid nodule, its metastatic character should not be disregarded. As it has been in this case, the metastatic lesions characterized by neuroendocrine features can be seen in the areas such as neck, thorax, abdomen, axilla, etc. This and other similar cases reveals the fact that the medullary thyroid carcinoma is a tumor requiring a meticulous preoperative evaluation, a well-planned operative strategy and a periodic post-operative surveillance.