

Voluminous lateral lymph node metastasis from papillary thyroid microcarcinoma

Sir,

Thyroid microcarcinomas are defined as a tumor of a maximum diameter of 10 mm or less.

Papillary thyroid microcarcinomas have an excellent prognosis. However, a few may metastasize to cervical lymph nodes.

Cervical lymph node metastases usually spread in a contiguous fashion.^[1] The skip metastasis to the lateral compartment of the neck in the absence of central metastasis is uncommon.^[2]

Herein, we report a case of a voluminous lateral lymph node metastasis from papillary thyroid microcarcinoma.

A 68-year-old woman was referred to our department with a gradually enlarging right cervical mass. She presented with dysphagia for solids and dyspnea. There was no history of radiation exposure and no family history of thyroid cancer.

Physical examination revealed a firm, painful, and plunging multinodular goiter with a voluminous right lateral cervical mass [Figure 1]. Thyroid functions tests were normal.

Chest radiography showed mediastinal enlargement with tracheal deviation [Figure 2]. Cervical ultrasonography revealed an enlarged heterogeneous multinodular thyroid gland. Computed tomography scan showed plunging multinodular goiter with tracheal compression and displacement. The lateral cervical mass measured 10 cm × 13 cm and had a predominantly cystic composition [Figure 3].



Figure 1: Voluminous right lateral cervical mass



Figure 2: Chest radiography showed mediastinal enlargement with tracheal deviation

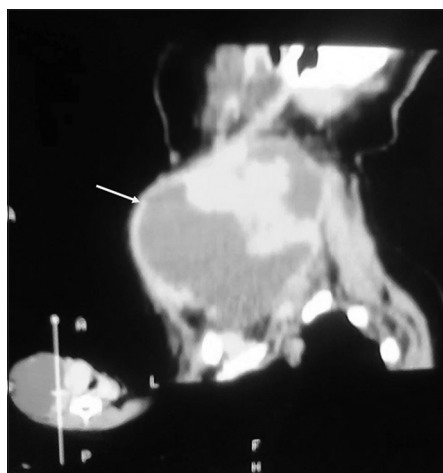


Figure 3: Computed tomography scan showed lateral cervical mass measured 10 cm × 13 cm and had a predominantly cystic composition

Total thyroidectomy with lymph node dissection was performed to the patient, and postoperative histopathological examination showed the right papillary thyroid carcinoma measuring 1 cm. There were no central

lymph metastases. The histopathological examination of the right mass was revealed as lateral lymph node metastasis from papillary thyroid carcinoma.

The patient underwent a radioactive iodine ablation therapy and treated with levothyroxine.

In this case, according to the presence of a compressive goiter with a voluminous lateral mass, malignancy was high probable, and thyroidectomy was indicated. However, the diagnosis of papillary thyroid microcarcinoma was not expected. In fact, lateral cystic lymph node metastasis is not common. It occurs in a minority of patients with papillary thyroid microcarcinoma.

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Conflicts of interest

There are no conflicts of interest.

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