

Cutaneous Metastasis from Papillary Carcinoma of Thyroid

A 65-year-old male patient presented with multiple raised lesions over chest and neck since 1 year associated with loss of weight in this period. He gave history of partial thyroidectomy for papillary carcinoma of thyroid 5 years back. General and systemic examination was unremarkable except for presence of cervical and axillary lymphadenopathy. Cutaneous examination revealed multiple firm to hard, nontender, erythematous to skin colored nodules of variable sizes ranging from 1 × 1 cm to 5 × 4 cm, present over chest [Figure 1] and left side of neck [Figure 2]. Ulceration and bleeding [Figure 3] was seen on few nodules over chest and neck. Rest of the cutaneous examination was normal. Histopathology from chest lesion revealed well-formed tubular structures with colloid like material and columnar cells that was suggestive of papillary carcinoma of thyroid [Figure 4a and b]. Based on history, clinical and histopathological features a

diagnosis of cutaneous metastasis from papillary carcinoma of thyroid was made. High resolution Computed Tomography of chest revealed multiple metastatic nodules in bilateral lung parenchyma. The presence of distant lesions on abdomen and chest along with presence of pulmonary metastasis was indicative of hematogenous spread of cancer although there was no histopathological evidence of angioinvasion suggesting the same. Genetic analysis for BRAF mutation and special staining of histopathology section with TTF-1, cytokeratin 7 etc., could not be done in this case due to lack of financial resources. The patient was then referred to department of radiotherapy and oncology for further palliative treatment.

Papillary carcinoma is the most common thyroid malignancy with skin metastasis and scalp is the most common site of involvement.^[1,2] Cutaneous metastasis is a rare manifestation of systemic malignancies

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Figure 1: Multiple firm to hard, nontender, erythematous to skin colored nodules of variable sizes ranging from 1 × 1 cm to 5 × 4 cm were present over chest



Figure 2: Large nodular lesions over left side of neck

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How to cite this article: Tomar SS, Hajare S, Singh RP. Cutaneous metastasis from papillary carcinoma of thyroid. *Indian Dermatol Online J* 2020;11:126-7.

Received: February, 2019. **Revised:** April, 2019.

Accepted: April, 2019. **Published:** September, 2019.

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Access this article online

Website: www.idoj.in

DOI: 10.4103/idoj.IDOJ_78_19

Quick Response Code:





Figure 3: Ulceration and bleeding was seen on few nodules over chest and abdomen

and it signifies advanced disease with grave prognosis.^[3] Sometimes, it can be the only presenting sign in cases of occult carcinoma. Therefore, a high index of suspicion for cutaneous metastasis should be kept in patients presenting with abrupt onset of papules or nodules present over a localised area which are rapidly progressing but relatively asymptomatic.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

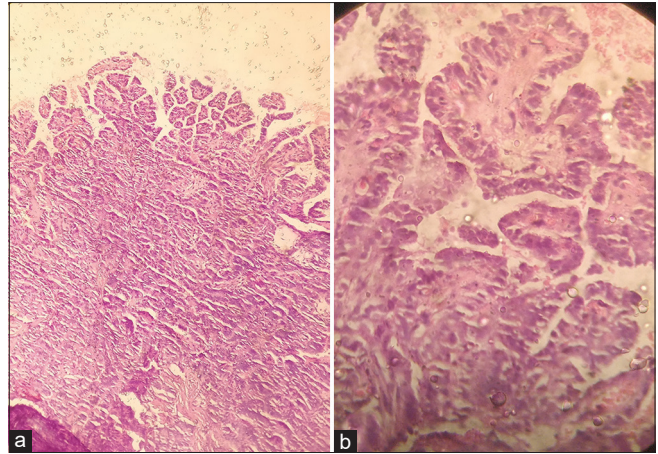


Figure 4: Histopathology from chest lesion with H and E staining at 10× (a) and 40× (b) magnification revealed well-formed tubular structures with colloid like material and columnar cells

Conflicts of interest

There are no conflicts of interest.

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