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## THYROIDITIS DUE TO INFILTRATION OF ANTERIOR MEDIASTINAL HODGKIN'S LYMPHOMA – A CASE REPORT

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### INTRODUCTION

Hodgkin's lymphoma is the most common type of lymphoma arising from the anterior mediastinum that may extend to the pre-tracheal region. Infiltration of non-thyroid malignancies (including hematological) into the thyroid gland is not common but has been described and may result in thyroid dysfunction.

### RESULTS

We present a case of a 28-year-old woman with no prior medical illness who presented with a 2-month history of chest discomfort and shortness of breath associated with new onset anterior neck swelling. She had occasional palpitations but did not have other symptoms of hyperthyroidism. There was no family history of thyroid disease. On examination, she was tachypnoiec with an audible stridor at rest and a heart rate of 142 bpm.There were no tremors, proximal myopathy, hyperreflexia or exophthalmos. She had a large non-tender asymmetrical anterior neck mass, which was hard, matted and did not move with swallowing. Thyroid function tests showed freeT4: 26.7 pmol/L[11.5-22.7], T3: 6.12 pmol/L [3.93-7.2] and TSH:0.04 mIU/L [0.550- 4.78]. Anti-TG, Anti-TPO, thyroid-stimulating immunoglobulin (TSI) levels were normal. ECG showed sinus tachycardia. CT thorax/abdomen/pelvis revealed bilateral supraclavicular lymph nodes and large matted masses in the anterior mediastinum invading the lower lobes of the thyroid, with the gland itself being normal. Her heart rate normalized with hydration and propranolol. She was also treated with high dose IV dexamethasone for the upper airway obstruction. The neck mass decreased in size with dexamethasone and her thyroid function tests normalized within a month without antithyroid medications. Histopathological examination confirmed Hodgkin's lymphoma and she was commenced on chemotherapy.

### CONCLUSION

Anterior mediastinal Hodgkin's lymphoma may infiltrate into the thyroid gland causing thyroiditis. Treatment of the underlying malignancy may result in complete recovery of the thyroid in some cases. Hyperthyroid symptoms may be treated with betablockers alone, and anti-thyroid drugs are usually not warranted.

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## CARDIAC PARAGANGLIOMAS: TWO PATIENTS WITH DIFFERENT GERMLINE MUTATIONS

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### INTRODUCTION

Cardiac paragangliomas (CPGLs) are rare, accounting for 2% of all PGLs and 1–3% of all primary cardiac tumours. Following biochemical evaluation, anatomical and functional imaging are necessary. Definitive treatment is determined by tumour resectability, presence of multiple PGL with/without metastases. We report two cases, both associated with genetic mutations.

### RESULTS

Patient 1, diagnosed with bilateral CPGLs at age 38 and underwent bilateral neck resection. Tumour histopathology were consistent with PGLs. At age 45, he presented with severe hypertension, elevated urinary noradrenaline >20 times and a mass adjacent to main pulmonary artery (PA) on CT imaging which was deemed inoperable. Coronary angiogram revealed a vascular cardiac mass adjacent to PA and proceeded with tumour embolization with helical coil placement in main feeder artery and alcohol ablation. This resulted in tumour size reduction, resolution of hormonal excess and hypertension. He later developed disease progression with recurrence in right carotid and metastases to aortocaval nodes and spine. Following 4 cycles of PRRT, there was clinical, biochemical and radiological improvement. Genetic testing showed KIF1B mutation. His younger sibling had bilateral carotid and abdominal PGLs. Patient 2 is 23-years-old, presented with hypertensive emergency and had elevated urinary normetanephrines >10 times. CT abdomen showed bilateral adrenal masses and left renal mass. Ga-68-DOTATATE-PETCT revealed disease at left carotid, cardiac and bilateral adrenal glands. She underwent bilateral adrenalectomy with left cortical sparing and left nephrectomy. Histopathology confirmed bilateral pheochromocytomas and left kidney leiomyoma. Postoperatively, hypertension persisted with better control. MRI imaging confirmed PGLs at left carotid, vagal and atrioventricular groove (cardiac). She is currently being monitored with future consideration for tumour resection. Genetic testing showed SDHD mutation with a family history of carotid PGLs in her paternal relatives.