Thyroid

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METASTATIC CLEAR CELL RENAL CARCINOMA MIMICKING AS A PAPILLARY THYROID CANCER: A CASE REPORT

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INTRODUCTION
The thyroid gland is a vascular organ, however, metastatic cancer to the thyroid is a rare and uncommon clinical finding. These tumors can lead to diagnostic difficulties as they can mimic a primary thyroid gland tumor.

CASE
We present a 58-year-old Filipino woman with a history of Renal Cell Carcinoma (RCC), who underwent nephrectomy 13 years ago, referred due to a PET scan finding of a solitary right thyroid nodule. Fine needle aspiration biopsy of the thyroid nodule was done which was suggestive of a Papillary Thyroid Cancer. She then underwent total thyroidectomy however histopathology revealed right thyroid gland consistent with metastatic clear cell renal cell carcinoma

CONCLUSION
In patients presenting with thyroid nodule/s, with a history of malignant disease, relapse or progression of the malignancy within the thyroid must be considered until proven otherwise. If a patient with a history of nephrectomy for RCC subsequently has a solitary thyroid mass, one should consider isolated thyroid metastasis as well as a primary thyroid tumor. Fine Needle Aspiration Biopsy is not enough to diagnose metastatic renal cell carcinoma to the thyroid, a history of clear cell renal carcinoma or multifocal growth pattern and clear cell appearance of cytoplasm by histopathology should be considered. Preoperative distinction between primary and secondary thyroid tumors is difficult. Immunohistochemistry is essential for confirming the diagnosis.

KEY WORDS
metastatic clear cell renal carcinoma, papillary thyroid cancer, secondary thyroid cancer

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A FEMALE WITH LINGUAL THYROID

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INTRODUCTION
Lingual thyroid is a rare condition that involves defective embryogenesis of the thyroid gland. Its specific prevalence accounts for a single case in 100,000-300,000. The clinical presentation varies from mild dysphagia to severe upper airway obstruction.

CASE
A 20-year-old female noticed a mass at posterior lingual since 10 years ago. She remarked the mass grows over time and and she experienced mild dysphagia. Physical examination reveals a mass at the posterior lingual that moves with deglutition. Her head and neck computed tomography with contrast showed a high density 2.6x2.2x2 cm soft tissue mass posterior to the tongue which narrowed the airway to a diameter size 0.4 cm. She underwent partial lingual thyroidectomy followed by levothyroxine therapy. Thyroid function test preoperative was FT4 1.29 mg/dl (0.89-1.76); TSH 17.049 µIU/ml (0.55-4.78); T3 total 1.27 mg/dl (0.6-1.81) and postoperative was FT4 1.02 mg/dl (0.89-1.76); TSH 10.901 µIU/ml (0.55-4.78); T3 total 1.06 mg/dl (0.6-1.81). Histopathologic examination showed thyroid follicles.

CONCLUSION
Lingual thyroid is a rare manifestation which may present as dysphagia. Any specific complication will be preventable with prompt diagnosis and treatment.

KEY WORDS
lingual, thyroid, subclinical hypothyroid