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INVASIVE FOLLICULAR THYROID CARCINOMA PRESENTING AS LARGE SCAPULAR MASS WITH ROTATOR CUFF MUSCLE INVOLVEMENT

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INTRODUCTION

Follicular carcinomas occur in women beyond the 5th decade of life as a slow-growing thyroid nodule. Known to invade locally and metastasize distantly, direct extrathyroidal extension is possibly seen in its rarer widely invasive form. Common sites for metastases are lungs and bones. The bones often involved are vertebrae, long bones and flat bones particularly pelvis, sternum, and skull. Metastasis to scapula is an infrequent presentation and skeletal muscle metastasis is extremely rare. We present a rare case of metastatic follicular thyroid carcinoma that initially presented as a large right scapular mass.

CASE

A 65-year-old female presented with a right scapular mass. MRI revealed a huge (22.2x13.5x13.8 cm) lobulated mass with central necrosis and non-delineation of the 4 rotator cuff muscles, thus she was referred to an orthopedic surgeon. Biopsy of the scapular mass showed findings consistent with invasive metastatic follicular carcinoma. Thyroid ultrasound revealed a right thyroid nodule measuring 3.55x3.52x2.72 cm and few sub-centimeter nodules on the left lobe. Initial thyroid function tests showed low FT4 2.43 pmol/L (NV:11-22.5), normal TSH 2.374 (NV:0.30-5 mIU/mL) and FT3 5.96 (NV:3.1-6.5 pmol/L). The patient underwent total thyroidectomy and subsequent right total scapulectomy with biceps tendon transplantation attached to the clavicle. Histopathologic reports from both operations are consistent with widely invasive follicular carcinoma. The patient is scheduled for radioiodine therapy.

CONCLUSION

Soft tissue metastasis is an uncommon initial presentation of follicular thyroid carcinoma. Synchronous metastases to bones and soft tissues particularly on the scapula and surrounding muscles are rare occurrences that warrant this report.

KEY WORDS

follicular thyroid cancer, metastasis, malignancy, carcinoma

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A RARE SIDE EFFECT OF CARBIMAZOLE

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INTRODUCTION

Carbimazole therapy is associated with a variety of adverse reactions, among the rarest being interstitial pneumonia.

CASE

An 18-year-old primigravid, non-smoker at POA of 28 weeks 5 days presented with fever and progressively worsening dyspnea occurring within a week. She had Graves' disease diagnosed just prior to pregnancy and was on carbimazole 30mg od since then. Rapid deterioration of her respiratory state required mechanical ventilation. Pulmonary auscultation revealed coarse crepitation at right lower zone. She was clinically euthyroid and had a diffuse goiter with absence of thyroid eye signs. Chest x-ray showed diffuse interstitial peripheral opacities. Computed tomography of the thorax revealed patchy ground glass opacities located at the subpleural regions, peripherally and the peribronchovascular areas in both upper, middle and lower lobes suggestive of cryptogenic organizing pneumonia. Culture of both blood and tracheal secretions were negative. Vasculitis as a cause of organizing penumonia has been sought however due to lack of other peripheral features and negative anti-neutrophil antibodies (ANA) and anti-neutrophil cytoplasmic antibodies (ANCA) render it less likely. A diagnosis of carbimazole-induced organizing pneumonia was made which led to carbimazole discontinuation, and introduction of oral prednisolone of 1mg/kg/day. The patient rapidly improved with eventual resolution of the lung disease.

CONCLUSION

Carbimazole given for hyperthyroidism can rarely cause severe pneumonitis requiring ventilation. Carbimazole should be withdrawn in the presence of respiratory symptoms and documented interstitial pneumonia.

KEY WORDS

carbimazole, interstitial pneumonia, cryptogenic organizing pneumonia