

CONCLUSION

A novel iterative learning method using selected ultrasound images from big data sets can help beginners learn to differentiate between benign and malignant thyroid nodules. With the assistance of SERA, the diagnostic performances of readers with various experiences in thyroid imaging could be further improved.

KEYWORDS

deep learning, thyroid nodule, ultrasound, learning program, diagnostic performance

PP-T-03

A CASE OF SCLEROSING EPITHELIOID FIBROSARCOMA WITH METASTASES TO THE THYROID

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CASE

Sclerosing Epithelioid Fibrosarcoma (SEF) is a rare form of sarcoma with slow growth, often with local recurrences/distant metastases. Treatment is by wide excision and adjuvant chemotherapy/radiotherapy. A 36-year-old Filipino female was first diagnosed with SEF when she presented with abdominal pain and elevated lipases and amylases. CT showed lesions in the pancreas, left erector spinae, axilla, lateral chest wall, left lower lung lobe, and liver. Biopsy revealed round cell sarcoma consistent with SEF. She underwent wide excision of the masses and adjuvant chemotherapy. After 6 months, an enlarging mass was noted on the thyroid. Thyroid function tests were normal. On thyroid ultrasound, a 2.6 x 1.8 x 2.4 cm, hypoechoic, solid nodule in the right lobe and a 0.3 x 0.2 x 0.3 cm hypoechoic solid nodule in the left lobe were seen. She underwent a total thyroidectomy. Histopathologic examination of the thyroid mass confirmed SEF.

KEYWORDS

thyroid, sclerosing epithelioid fibrosarcoma, thyroid metastases, sarcoma

PP-T-04

FOLLICULAR VARIANT OF PTCA INITIALLY PRESENTING AS WIDESPREAD METASTASES

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CASE

Papillary thyroid carcinoma accounts for most cases of thyroid cancer with most cases having good prognosis and low incidence of metastases. The follicular variant (FV) is the most common. First described in the 1960s, the understanding of FV-PTC began to evolve with molecular profiling demonstrating a similarity with FTC, and clinical behavior profiling showing that a subtype may behave like PTC with a propensity for lymph node metastases. We are presented with an unusual case of an infiltrative FV-PTC presenting with widespread multiple metastases on diagnosis.

A 64-year-old female presented with a 1-year history of a slowly enlarging mass on the left mandible, associated with an enlarging anterior neck mass. On examination, there was a 7 x 8 x 3 cm hard, fixed, left mandibular mass and a palpable right thyroid nodule measuring 2.5 x 2 cm. There was no difficulty in swallowing or breathing, but she had some difficulty in eating due to trismus. There were no associated symptoms of hypo- nor hyperthyroidism. Investigations revealed a euthyroid status. CT scan showed a solid lobulated heterogeneously enhancing mass measuring 4.2 x 5.1 x 5.2 cm on the body and angle of the left mandible. Ultrasound showed multiple thyroid nodules, the largest - a mixed cystic and solid mass measuring 2.9 x 2.7 x 2.17 cm on the right thyroid lobe, for which FNA was performed. Histopathology showed benign follicular nodules. An incision biopsy of the mandibular mass showed the presence of thyroid tissue. Further imaging showed metastases to the left frontal and parietal bone, T7 vertebra, and bilateral lungs. With a pre-operative diagnosis of a primary thyroid malignancy, the case was discussed in a multi-disciplinary tumor board meeting. The patient then underwent total thyroidectomy with segmental mandibulectomy. Histopathology post-op showed a metastatic multifocal infiltrative follicular variant of PTC. RAI was administered post-surgery and suppressive thyroxine therapy was started. Steroids were given during RAI, with no untoward events post-treatment. Post-ablative whole-body scanning revealed increased tracer uptake in multiple areas: left frontal and parietal bone, bilateral thyroidal beds, left supraclavicular lymph node, the sternomanubrial junction, bilateral lung lobes, right humeral head, and T7 vertebra. Further doses of RAI were planned and she is currently maintained on