thyroid cells on biopsy. Thyroid ultrasound revealed a 1.25 x 1 x 1.13 cm nodule on the thyroid gland which showed suspicious for PTC on fine needle aspiration biopsy. The patient underwent total thyroidectomy and excision of the anterior mediastinal mass. The histopathologic report of the thyroid mass revealed a conventional unifocal PTC, while the excised tissues comprising the mediastinal mass were consistent with benign ectopic thyroid tissues with colloid goiter. Since thyroid cancer is considered as low-risk, suppression therapy and active surveillance is the choice of management for this unusual case.

KEYWORDS
ectopic thyroid tissue, papillary thyroid cancer, anterior mediastinal mass

PP-T-17

THYROTOXICOSIS SECONDARY TO A MOLAR PREGNANCY

https://doi.org/10.15605/jafes.038.AFES.170

Leah Antonette Tabuyo, Hannah Urbanozo-Corpuz, Celia Lubiano
Lorma Medical Center, San Fernando, La Union, Philippines

CASE
Rarely, hydatidiform moles (H-moles) may cause thyrotoxicosis due to the homology of excessively secreted placental human chorionic gonadotropin (hCG) with TSH.

A 46-year-old Filipino female presented with tachycardia, hypertension (250/120 mmHg), b-hCG >10,000 mIU/mL, suppressed TSH 0.006 mIU/L, and high FT3 19.04 pg/mL (NV: 2.02 - 4.43) and FT4 7.77 ng/dL (NV: 0.93 - 1.71). The uterus was enlarged with contractions. Antihypertensives and Propylthiouracil (PTU) were given to facilitate urgent hysterectomy due to profuse bleeding. Post-operatively, FT4 decreased (3.94 ng/dl). Antihypertensives were continued, PTU was discontinued and she was discharged stable. On follow-up, hCG decreased to 1021 mIU/mL, and she was euthyroid (FT4 9.27 pmol/L).

This case highlights an uncommon etiology of thyrotoxicosis which requires early recognition and intervention. Molar evacuation is the definitive treatment. To date, there are no existing guidelines with regard to the use of anti-thyroid medications perioperatively.

KEYWORDS
thyrotoxicosis, molar pregnancy, H-mole

PP-T-18

PAPILLARY THYROID CARCINOMA, FOLLICULAR AND TALL CELL VARIANT, ARISING FROM A MATURE TERATOMA

https://doi.org/10.15605/jafes.038.AFES.171

Marielle Claudette Magpusao and Juan Maria Ibarra Co
University of the East Ramon Magsaysay Memorial Medical Center, Quezon City, Philippines

CASE
The malignant transformation of monodermal ovarian teratoma into a tall cell variant of papillary thyroid carcinoma is exceptionally rare. We report its first case in Southeast Asia wherein a 33-year-old Filipino female presented with a 5-month history of painless, progressively enlarging abdomen. Ultrasonography showed a large well-circumscribed, cystic mass with floating internal echoes occupying the pelvoabdominal region and an ovarian new growth. The patient then underwent exploratory laparotomy with left salpingo-oophorectomy, right oophorocystectomy, and endometriotic implant fulguration. Histopathology revealed papillary thyroid carcinoma, follicular and tall cell variant arising from a mature teratoma with a TTF-1+/CK7+/CK20- immunophenotype. The patient is currently undergoing surveillance with no signs of recurrence and has been advised of total thyroidectomy. Since clinical practice guidelines have yet to be established concerning this tumor, existing literature was further reviewed focusing on the appropriate diagnostics and management. Generally, an excellent prognosis is expected.

KEYWORDS
tall cell variant, follicular variant, papillary thyroid carcinoma, malignant struma ovarii