A Case of Papillary Thyroid Carcinoma Leading to Destruction of The Skin

Cilt Destrüksiyonuna Neden olan Papiller Tiroid Karsinomu Olgusu

Papiller Tiroid Karsinomu, Cilt Destrüksiyonu / Papillary Thyroid Carcinoma, Skin Destruction

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Özet
Tiroid kanseri insidansı ülkemizde ve tüm dünyada giderek artmaktadır. Tiroid kanserleri, tüm endokrin kanserlerinin yaklaşık %94.5’i oluşturmaktadır. Biz bu vaka takdiminde tiroid ince içine aspirasyon biyopsisi sonucu papiller karsinom olarak raporlanan, fakat operasyonu kabul etmeyen ve boyun orta hatında akıntılı bir yara ile başvuran 83 yaşındaki erkek bir olguyu sunuyoruz.

Anahtar Kelimeler
Papiller Tiroid Karsinomu; Cilt Destrüksiyonu

Abstract
Incidence of the thyroid carcinoma is steadily increasing in our country and all around the world. Thyroid cancer accounts for about 94.5% of all endocrine cancers. We herein report a 83-year-old man presenting with complaints of an open wound on the neck who had been previously diagnosed as papillary thyroid carcinoma via fine needle aspiration biopsy but who had refused the surgical resection.

Keywords
Papillary Thyroid Carcinoma; Skin Destruction; Neck Mass
Introduction

Thyroid cancer originating from the follicular epithelial cells is a frequently encountered malignancy and its incidence is steadily increasing in many regions of the world [1, 2]. The main histological types are papillary, follicular, and anaplastic carcinomas. The most common type of thyroid cancers is papillary carcinoma (PTC) with it accounting for about 80 to 90% of all cases [3]. If its size is under 1 cm, it has been classified as "microcarcinoma" by the World Health Organization (WHO) [4]. Tumor diameter usually ranges between 1 and 4 cm, and long axis is averagely 2 to 3 cm [5]. PTC is usually multifocal in one lobe and it is bilateral in 20 to 80% of the patients. Extra-thyroidal invasion is found in 15% (5-34%) of the patients during primary surgery, and one third of the patients with PTC present with lymphadenopathy [5]. At the time of diagnosis, distant metastases are found in only 1 to 7% of the patients [5].

Case Report

An 83 years old men presented with complaints of swelling on the mid-line, dyspnea, and hoarseness 5 years ago. Imaging studies revealed that the mass showed infiltration toward thyroid cartilage and the larynx on the mid-line. The performed fine-needle aspiration biopsy revealed papillary thyroid carcinoma (Figure 1). The patient was suggested to have operation and he refused the operation. It was learned from the patient that he didn't seek any medical advice for his condition over period of 5 years. At the time of presentation to our clinic, the patient had dyspnea, fatigue, and hoarseness. The physical examination revealed a mass of about 10 x 10 cm on the mid-line. On the middle of the mass, the skin was observed to be destructed on an area of about 4 x 3 cm. The thyroid tissue was easily observable on this area (Figure 2). The patient expressed that he had frequently episodes of bleeding from this uncovered area; brown staining was observed around these bleeding foci that we initially considered to be Baticon. Then, it was learned from the patient that he applied coffee on this area to stop the bleeding. Nonetheless, the destructed area didn’t appear to be infected. Laboratory investigations were as follows: Fasting blood glucose: 94 mg/dL (74-106), creatinine: 0.96 (0.6-1.3) mg/dL, albumin: 4.6 g/dL (3.5-5.2), Hemoglobin: 6.7 g/dL (13.6-17.2), Ferritin: 6 ng/ml (13-150), Iron dining capacity: 372 μg/dl (155-300), 25(OH)D3: 27 ng/ml (20-100), Vitamin B12: 223 pg/ml (191-663), free T3: 3.15 (2.5-3.9) pg/ml, free T4: 0.83 (0.61-1.12) ng/dl, TSH: 0.34 (0.34-5.6) μU/ml. Hemodynamics of the patient was normalized by giving 2 units of erythrocyte suspension. Magnetic resonance imaging (MRI) investigation of the neck revealed a mass lesion of 55 x 54 x 49 mm invading the thyrohyoid and omohyoid muscles anterior to the thyroid cartilage. Operation was recommended to the patient but he refused it.

Discussion

An age- and sex-dependent increase is being observed in frequency of the thyroid cancers compared to other types of cancer [6]. A report based on cancer statistics noted that the analyses performed for the years between 1980 and 2005 showed that mostly small-sized tumors were responsible for the increase in incidence of the thyroid cancers but also drew attention to the fact that there was statistically significant increase in incidence of the tumors larger than 5 cm. Furthermore, increase was found in incidence of the local and distant metastases [7]. In all studies, advanced age and presence of extra-thyroidal invasion at the time of diagnosis were shown to be independent risk factors. Presence of distant metastasis and big tumor size at the time of diagnosis were taken as variables determining the prognosis and some studies took histopathological grade as independent variable. Initially, complete removal of the tumor was found to be the main determinant of mortality in the post-operative period. Presence of nodal metastasis at the time of diagnosis was found to be associated with nodal recurrence and seen not to impact case-specific mortality [8]. We found it suitable to present the patient here with papillary carcinoma who refused operation 5 years ago and whose tumor was destructing the skin on the mid-line and uncovering the thyroid tissue because of the traditional methods he used to stop bleeding. Although prognosis of the differentiated thyroid cancers is good and life expectancy is quite long, it is clear that close monitoring with early diagnosis and appropriate treatment shouldn’t be ignored.
Competing interests
The authors declare that they have no competing interests.

References

How to cite this article: