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Gastroenterology

PRIMARY DISTAL ESOPHAGEAL MALIGNANCY PRESENTING AS THYROID MASS-A CASE REPORT

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ABSTRACT Thyroid gland metastasis is an extremely rare phenomenon. We report a case of 54 years old male presenting with thyroid swelling, pain and dysphagia. FNAC of the Thyroid Gland showed squamous cell carcinomatous deposits. CECT of neck/thorax/abdomen showed circumferential wall thickening from mid esophagus upto cardia of the stomach. Upper GI endoscopy showed growth esophagus and its biopsy revealed poorly differentiated squamous cell carcinoma. Patient was treated with palliative radiotherapy. We present this case because of its rarity.

KEYWORDS : – Thyroid metastasis, Dysphagia, Squamous cell carcinoma

INTRODUCTION

The thyroid gland is an unusual site of metastasis, even though it is a highly vascular organ. The usual primary malignancy is kidney, lung and breast. In the gut, colo-rectum is the site implicated in thyroid metastasis. However autopsy studies [1,2] show a 1.25% – 24% incidence of thyroid metastasis in cancer patients. These thyroid metastasis have an indolent growth pattern, very rarely presents as a nodule in thyroid gland. Thyroid metastasis from the esophagus has been reported rarely in the literature [3,4,5,6]. Herein, another case is reported with metastasis of esophageal carcinoma to the thyroid gland, which was misdiagnosed initially as primary thyroid carcinoma.

CASE REPORT

A 54 year old man presented with swelling in front of the neck for 4 months, which was increasing progressively and associated with pain, difficulty in swallowing and weight loss of 6kgs. There was no remarkable past medical, surgical and family history. He was diagnosed elsewhere as a case of thyroid carcinoma and referred for further management. On examination patient had hard nodular thyromegaly. He was clinically euthyroid. Ultrasonogram of the thyroid revealed a diffusely heteroechoeic enlarged gland, multiple subcentimetric level 4 and 5 nodes on both sides. FNAC of the thyroid gland was showed squamous cell carcinomatous deposits (fig-1)

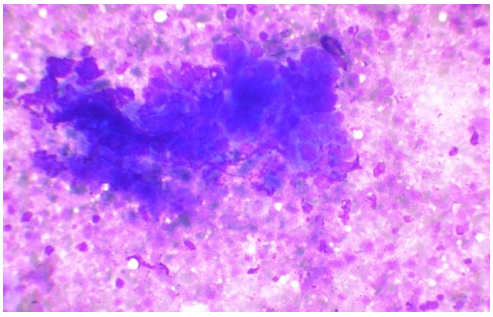

Fig-1 FNAC of thyroid showing squamous cell carcinomatous deposits

Hence a thorough search for the primary tumour was made. CECT of neck, thorax and abdomen revealed irregular circumferential mass extending from the subcarinal esophagus extending upto cardia of the stomach, multiple enlarged mediastinal and upper abdominal nodes and heterogenous enlargement of the thyroid gland. (Fig -2 & 3)

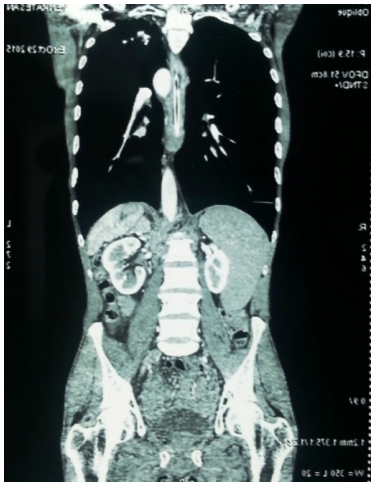

Fig-2 CECT thorax and abdomen

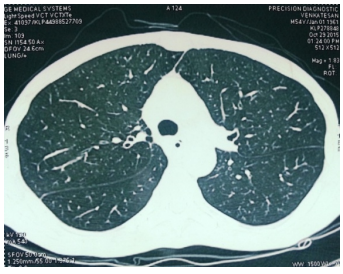

Fig-3- CECT Thorax showing wall thickening of esophagus

Upper GI Endoscopy showed a circumferential ulceroproliferative growth starting at 25 cms from the incisors extending upto gastro-esophageal junction (fig 4).

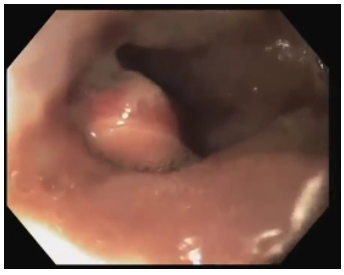

Fig – 4 UGI Scopy image showing growth esophagus

Biopsy of the lesion revealed poorly differentiated infiltrating squamous cell carcinoma (fig 5)

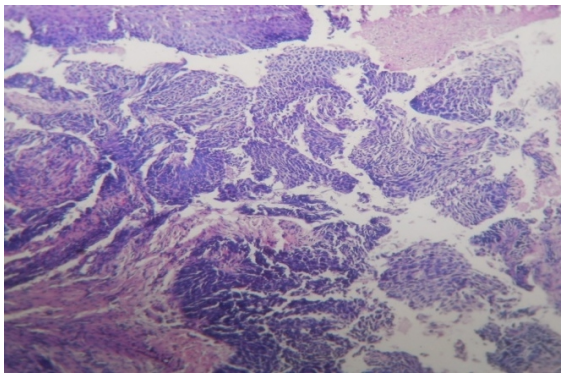

Fig -5 HPE showing squamous cell carcinoma of esophagus

A final diagnosis of carcinoma esophagus with thyroid metastasis (T2/3, N3, M1) was made. Patient was treated with palliative external beam radiation therapy.

DISCUSSION

Esophageal carcinoma has become one of the major causes of cancer related mortality. Approximately half of newly diagnosed patients will present with locally advanced disease, with a 20% to 30% 5-year survival rate after surgical resection or multimodality therapy. Thyroid gland is an unusual site of metastasis from non thyroid malignancies. There are few reports of esophageal squamous cell carcinoma with synchronous metastasis to thyroid [7] . The most common non-thyroid malignancies that metastasize to the thyroid gland are renal cell (48.1%), colorectal (10.4%), lung (8.3%), and breast carcinoma (7.8%), and sarcoma(4.0%). Direct extension of adjacent primaries, a hematogenous pathway and lymphatic route for metastatic spread to the thyroid have been suggested [8]. Czech et al suggested that the vertebral vein plexus may play an important role in the process of metastases from other organs to the thyroid [9]. However there is no reported case of careful imaging and pathologic evaluation of the most likely route of metastasis in the thyroid.

The main treatment modality for metastatic thyroid cancers usually involves radiotherapy and surgery. The role of radiation therapy is still controversial because thyroid metastases are mainly revealed as highly anaplastic carcinomas and are usually radiation-resistant, and are often rapidly fatal. Furthermore, until recently there has been no clear consensus on the election of surgical means for metastatic thyroid cancers. On the whole, thyroid metastasis from esophageal cancer shows a poor prognosis, with reported 9-month survival after diagnosis [10].

CONCLUSION

A new thyroid mass with dysphagia appearing in a patient, however remote, should be evaluated for the possibility of metastasis. Whenever the histology is unusual for a thyroid primary, metastasis should be strongly considered.

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