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AN INTERESTING CASE OF FOLLICULAR CARCINOMA OF THYROID PRESENTING AS RIGHT LOWER LIMB MONOPARESIS

General Medicine

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ABSTRACT

Thyroid cancer is one of the most common endocrine tumors. Follicular carcinoma is the second most prevalent type of well differentiated thyroid cancer. Follicular thyroid carcinoma is most common in elderly female with male to female ratio of 1:3. Thyroid carcinoma initially presenting with clinical features due to metastasis is less than 5% of the cases. Spinal cord compression from a metastatic lesion as a first symptom of presentation is extremely rare. A 70-year-old female presenting with gradually progressive weakness of right lower limb since 2 months. 30 years back patient had undergone partial thyroidectomy for a thyroid swelling and she was said to have a benign lesion MRI spine showed large soft tissue intensity mass lesion near the right paravertebral region at the level of D10 vertebra. FNAC from the swelling and immunohistochemistry supported the diagnosis of Metastatic Follicular Carcinoma of Thyroid. Patient underwent total thyroidectomy and radioiodine therapy

KEYWORDS

Follicular carcinoma, Metastasis, paraparesis.

INTRODUCTION

Thyroid cancer is one of the most common endocrine tumors. Follicular carcinoma is the second most prevalent type of well differentiated thyroid cancer. Follicular thyroid carcinoma is most common in elderly female with male to female ratio of 1:3. Thyroid carcinoma initially presenting with clinical features due to metastasis is less than 5% of the cases. Spinal cord compression from a metastatic lesion as a first symptom of presentation is extremely rare.

Case Report

A 70-year-old female presenting with gradually progressive weakness of right lower limb since 2 months. 30 years back patient had undergone partial thyroidectomy for a thyroid swelling and she was said to have a benign lesion.

Findings : Patient had a small soft tissue swelling at the upper back. MRI spine showed large soft tissue intensity mass lesion near the right paravertebral region at the level of D10 vertebra. Similar soft tissue mass lesion at D5,6 vertebra with minimal paravertebral invasion suggestive of metastasis/plasmacytoma. FNAC from the swelling and immunohistochemistry supported the diagnosis of Metastatic Follicular Carcinoma of Thyroid

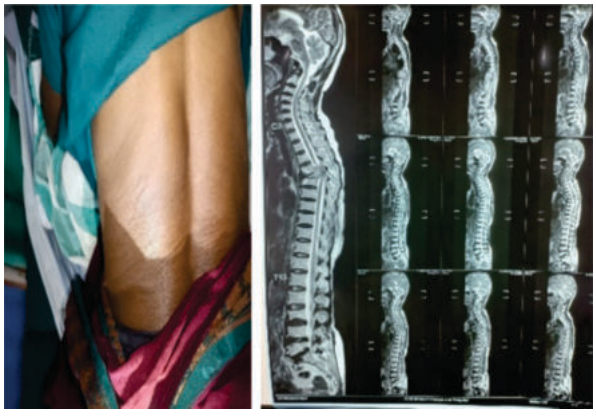

Figure 1: Patient and MRI Spinal Cord of Follicular Carcinoma Thyroid Patient

CONCLUSIONS

Follicular thyroid cancer is a malignancy of follicular cells that are cuboidal epithelial cells and have the properties of vascular and capsular invasion. The spine metastases of thyroid cancer have a predilection for the vertebral body. Thoracic spine is most commonly involved. Distant metastasis occurs in less than 10% of patient with differentiated follicular thyroid carcinoma. Treatment of distant metastasis includes levothyroxine treatment and focal, systemic treatment including radioiodine. In patients with radioiodine refractory disease, kinase inhibitors are used. The metastasis to spinal cord should always be considered in patients presenting with paraplegia or monoplegia. Metastasis from thyroid should always be one of the differential especially if the patient is female.

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