

A Case Report of Metastasis to Thyroid Gland from Squamous Cell Carcinoma of Lung

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Abstract

Introduction: Although the high vascularity of the thyroid gland, metastatic lesions from other regions are rare. There are reports that metastasis to thyroid gland is associated with poor prognosis of primary condition.

Case: A 51-year-old male who had chemo-radiotherapy after lobectomy due to squamous cell lung carcinoma applied to our clinic for swelling on his neck. Hyperthyroidism symptoms and signs were present at the time of admission. Laboratory evaluation was consistent with obvious hyperthyroidism. AntiTPO and TRAb tests were negative. AntiTg antibody was positive. Thyroid ultrasonography performed in our clinic and detected increased thyroid gland size. Thyroid gland had multinodular appearance and biggest nodule had irregular margins and 24x26x48 mm in size. It took place in the left lobe of thyroid. There were multiple lymphadenopathies, the biggest one was 8x15x22

mm in size, in left second servikal compartment. On scintigraphy, there were thyroid gland hyperplasia and hypoactive multinodular appearance. Hyperthyroidism was attributed to previous iodinated contrast medium exposure. Thyroid fine needle aspiration cytomorphology and immunohistochemical findings were reported consistent with "squamous cell carcinoma". The patient was diagnosed with lung squamous cell carcinoma metastasis and reevaluated with medical oncology. No other metastasis was detected. Surgical decision was taken on the oncology council.

Result: Thyroid gland metastases are usually in advanced stages of primary disease. In our case, known organ metastasis was not known. Patients with newly diagnosed or progressed thyroid nodules with history of malignancy should be assessed for metastatic lesions even if remission has been provided for primary disease.