

A Rare Variant Of Papillary Carcinoma Of Thyroid: Warthin-like Variant

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AIM: Warthin-like papillary thyroid carcinoma (WLPTC) is a rare variant of thyroid papillary carcinoma (TPC). We present this case with the aim of pointing out this rare variant.

CASE AND METHOD: Case 1: 38-year-old woman was referred to outpatient clinic with a nodule detected in her thyroid gland. Ultrasonography of thyroid gland revealed bilateral multinodular goiter with microcalcification. Thyroid autoantibodies were elevated. Thyroid function tests (TFT) were normal. Fine needle aspiration (FNA) performed and cytological diagnosis was suspicious for papillary carcinoma. She underwent total thyroidectomy and regional lymph node dissection. Histopathological diagnosis was bilateral, multifocal WLPTC. Microscopically, three tumor foci were detected on severe chronic lymphocytic thyroiditis (CLT) background (Figure 1). The largest one were 10 mm in right lobe. Lymphovascular invasion and extrathyroidal extension were absent. Postoperative stimulated thyroglobulin (Tg) levels was elevated (50.2 ng/ml). Suppressed Tg levels was under 0.2 ng/ml (Table 1). Radioactive iodine treatment wasn't performed. The patient was followed with neck ultrasonography for a year and no metastasis was detected. **Case 2:** 28-year-old woman was admitted to outpatient clinic for her thyroid nodule. Her thyroid ultrasonography showed a 12mmx8mmx6mm nodule with microcalcification on the right side. Thyroid autoantibodies were elevated. TFT were normal. FNA cytology of thyroid nodule was reported as suspicious for malignancy. Total thyroidectomy was performed. Histopathological diagnosis was locally invasive WLPTC underlying severe CLT in right lobe (Figure 1). Tumor diameter was 13mm. There was local capsular invasion but not vascular invasion, lymph node metastasis or extrathyroidal extension. Stimulated Tg levels was under 0.2 ng/ml (table 2). Radioactive iodine treatment wasn't performed. She was followed with neck ultrasonography for a year and no metastasis was detected.

CONCLUSION: WLPTC is a variant of TPC with good prognosis. Low risk patients can be followed with reserving RAI treatment for only selected cases.

Table 1: Postoperative Hormone Profile of the Patient

Component	Stimulated	Suppressed	Reference range
TSH (mIU/ml)	100	0.14	0,27-4,2
Tg (ng/ml)	50.2	<0.2	
Anti- Tg (IU/ml)	4000	4000	0-115
Anti-TPO (IU/ml)	1000	1000	0-34

TSH: Thyroid stimulating hormone, Anti-Tg: Anti- thyroglobulin, anti-TPO: Anti-thyroid peroxidase, Tg: Tiroglobulin

Table 2: Postoperative Hormone Profile of the Patient

Component	Stimulated	Suppressed	Reference range
TSH (mIU/ml)	85	1.29	0,27-4,2
Tg (ng/ml)	<0.2	<0.2	
Anti- Tg (IU/ml)	891	714	0-115
Anti-TPO (IU/mL)	540	527	0-34

TSH: Thyroid stimulating hormone, Anti-Tg: Anti- thyroglobulin, anti-TPO: Anti-thyroid peroxidase, Tg: Tiroglobulin