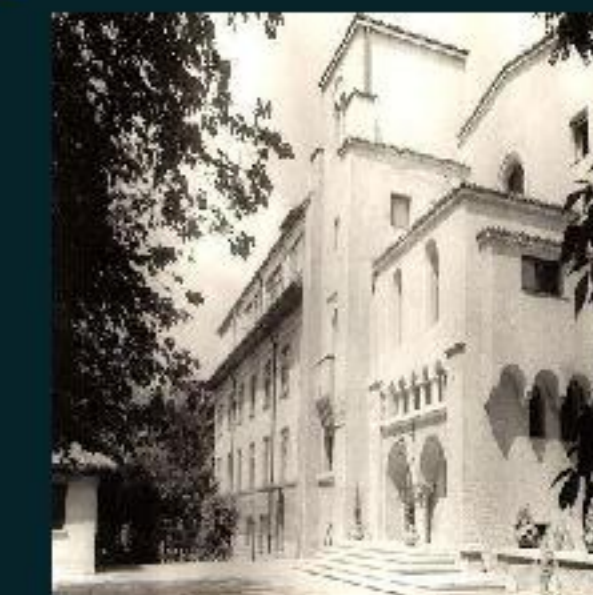


Graves's disease and papillary / insular thyroid cancer in a large compressive goitre



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Introduction

The association between autoimmune thyroid disease and thyroid cancer is a dynamic field regarding the prevalence data and the common pathogenic background. Aim: We report a sixth decade women case with a one year history of Graves's disease that was discovered with an aggressive differentiated thyroid carcinoma.

Case report

M.E. 56 – year old female has a 10 months history of daily medium dose of thyamazolum which was well tolerated (she presented with mild features of hyperthyroidism).

The personal and family medical history is negative. On admission, she accused compressive symptoms for the last two months.

The TSH was 1.59 μ UI/mL. The eye examination showed values of 17 mm for proptosis.

The cervical computed tomography pointed a large left thyroid nodule of 4.5 by 7.28 cm, with multiple microcalcifications associating a mass effect over the trachea (the minimum diameter of 1.71 by 1.7 cm at the level of clavicles). The eye exam showed values of 17 mm for exophthalmometria.

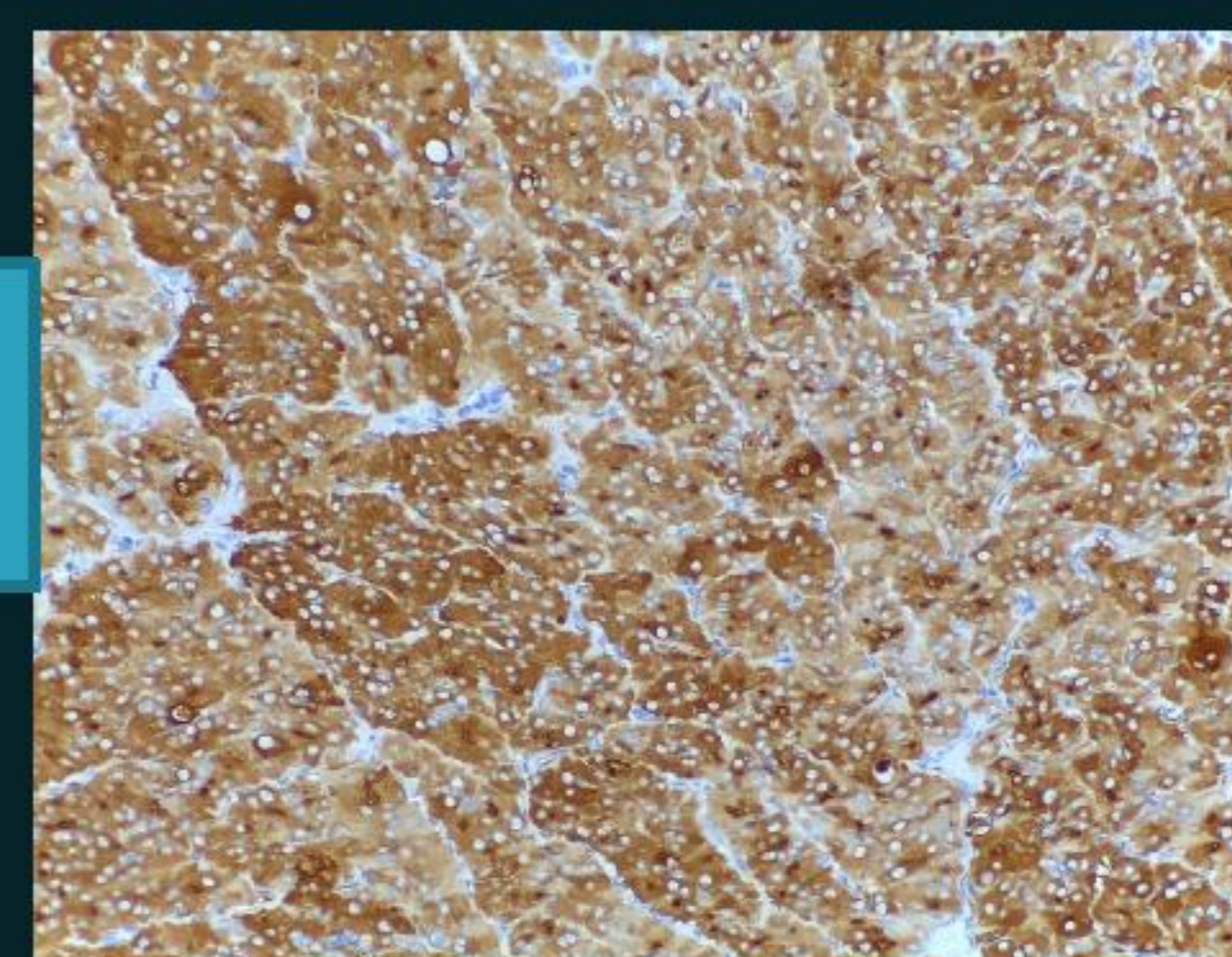
The calcitonin was normal (of 0.857 pg/mL), as well as antithyreoperoxidase antibodies (of 14 U/mL).

The total thyroidectomy and lymph neck resection was performed.

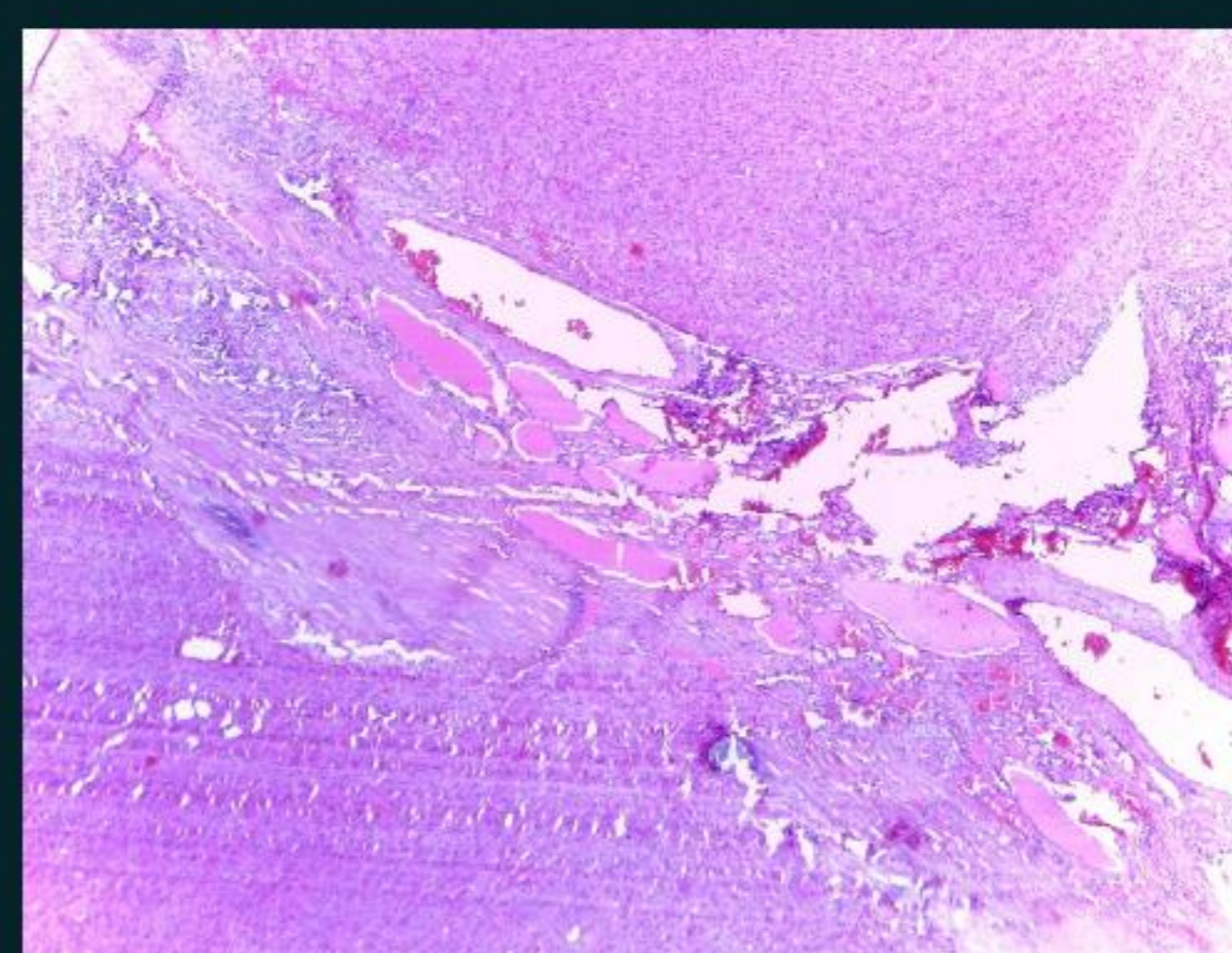
A papillary thyroid carcinoma (oxifile type) with insular and compact areas was found (of 6 cm), together with vessel invasion (T3N1Mo).

The immunohistochemistry pointed a Ki67 of 15%. The 131 iodine therapy was added to the levothyroxine suppressive therapy.

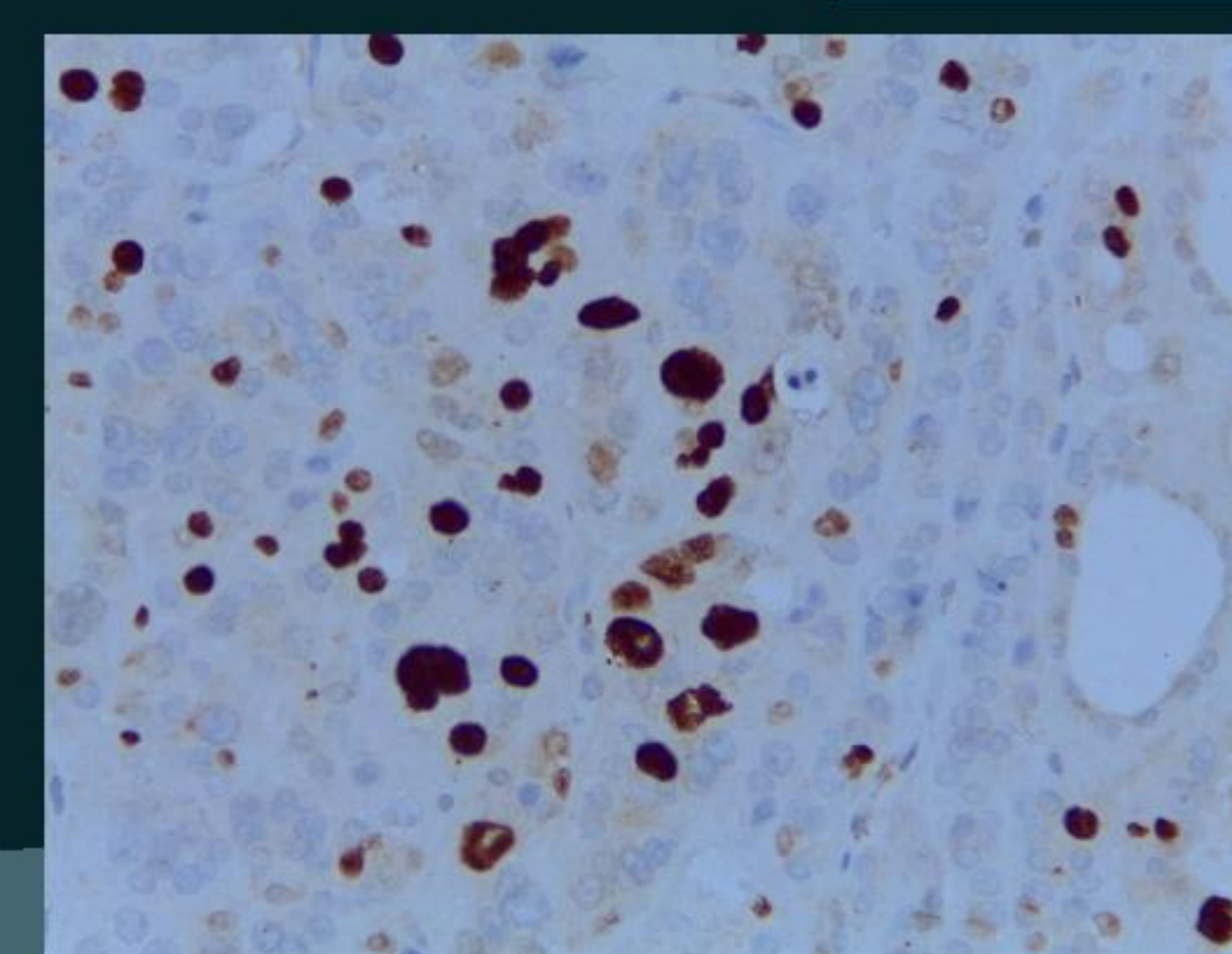
IHC*10
TG 10 %



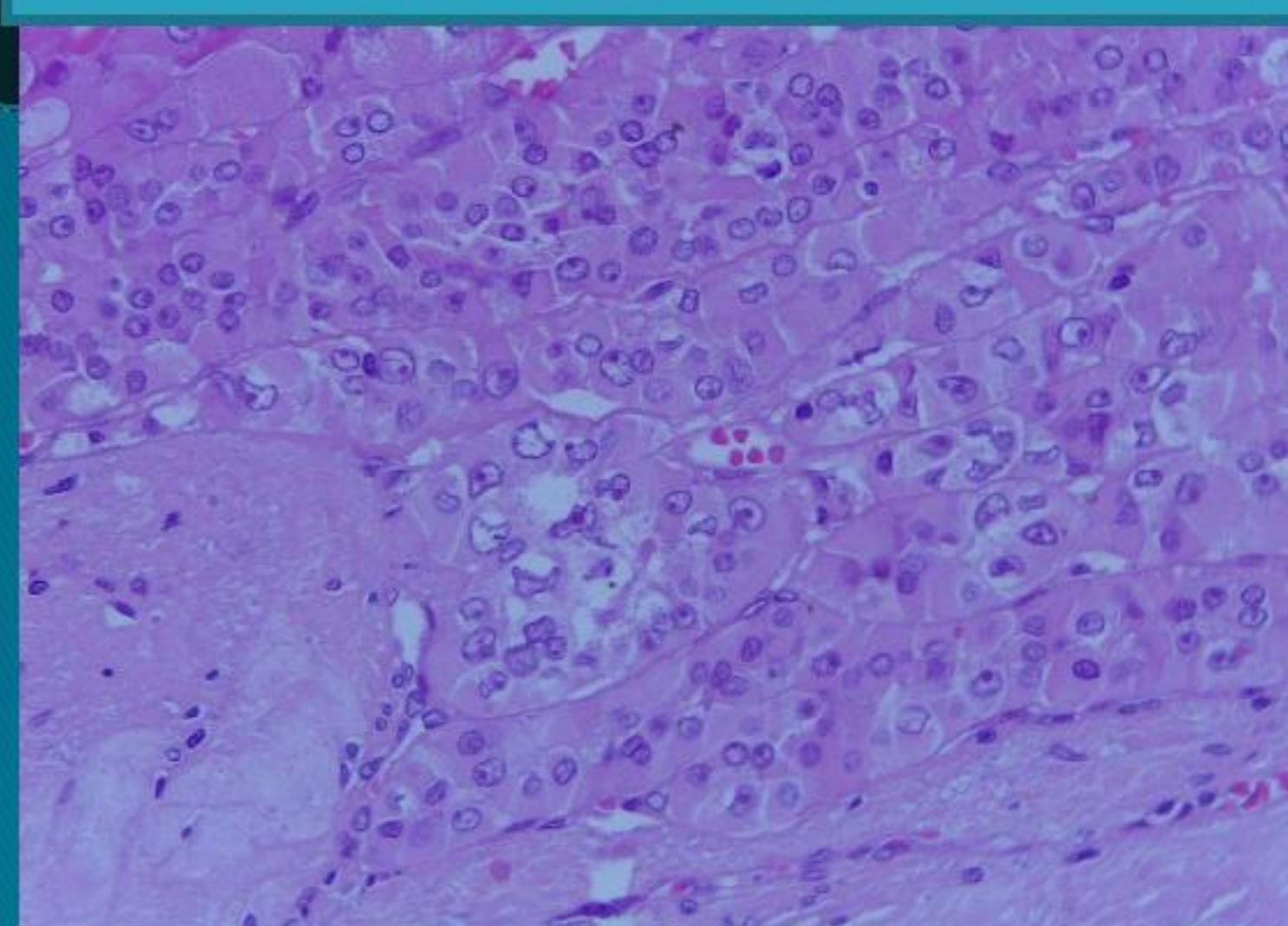
HE:*4



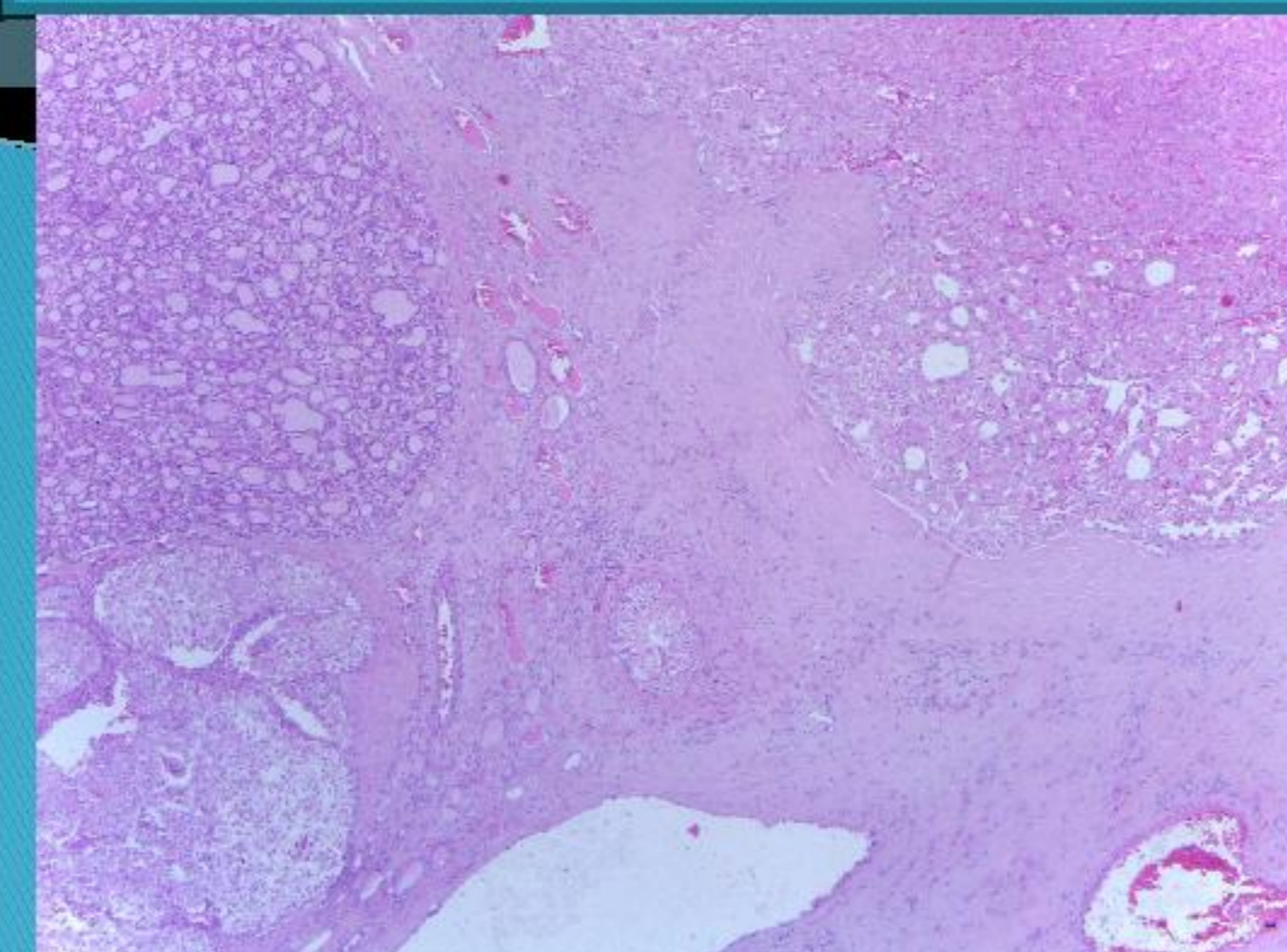
IHC*40
Ki67:15%



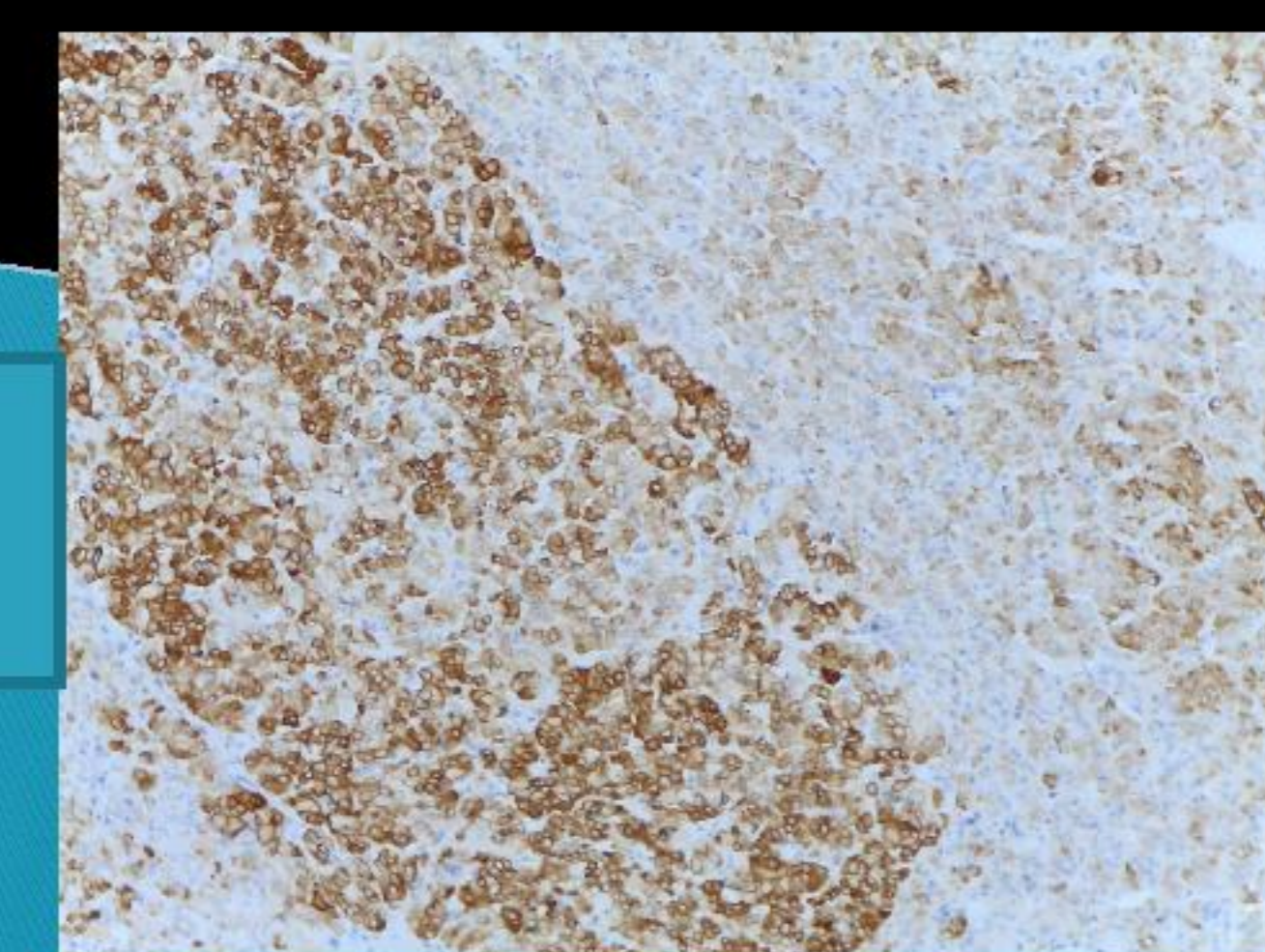
HE:*40



HE:*4



IHC*10
CK19+ve



Conclusion

The finding of a follicular cells cancer in a thyroid underlying an autoimmune process is a rare event, yet new data reveals that the two diseases maybe more than incidental, possible by sharing common mechanisms.

