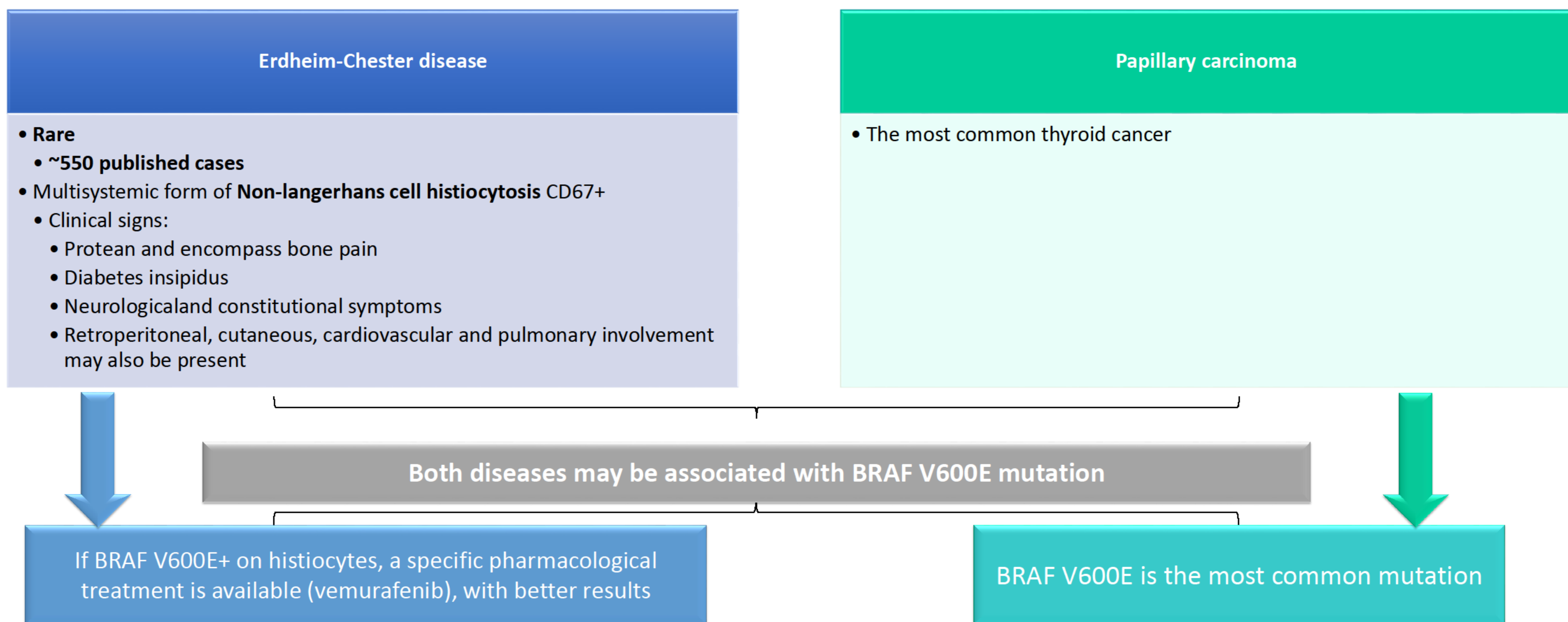


Erdheim-Chester disease and papillary thyroid carcinoma: case report of a common association in a rare disease



David Aparício¹, Nuno Martins², Carlos Leichsenring¹, Alice Rodrigues², Ana Alagoa João¹, António Soares¹, Marta Fragoso¹, Rui Marinho¹, Ricardo Rocha¹, Marta Sousa¹, Serguei Gouminski¹, Císalina Sobrinho¹, Wilma Dias¹, Énio Afonso¹, Vasco Geraldes¹, Vítor Nunes¹

1- Cirurgia B – General Surgery Department 2 – Medicina II – Internal Medicine Department



69 years old
Previous diagnosis of BRAF V600E negative Erdheim-Chester disease

Follow up



Figure 1: Cervical CT: <1cm hypodense thyroid nodule with no suspicious signs (arrow)

Thyroid nodule follow up: 6 months later



Figure 3: Specimen of total thyroidectomy

Papillary Carcinoma

FNA

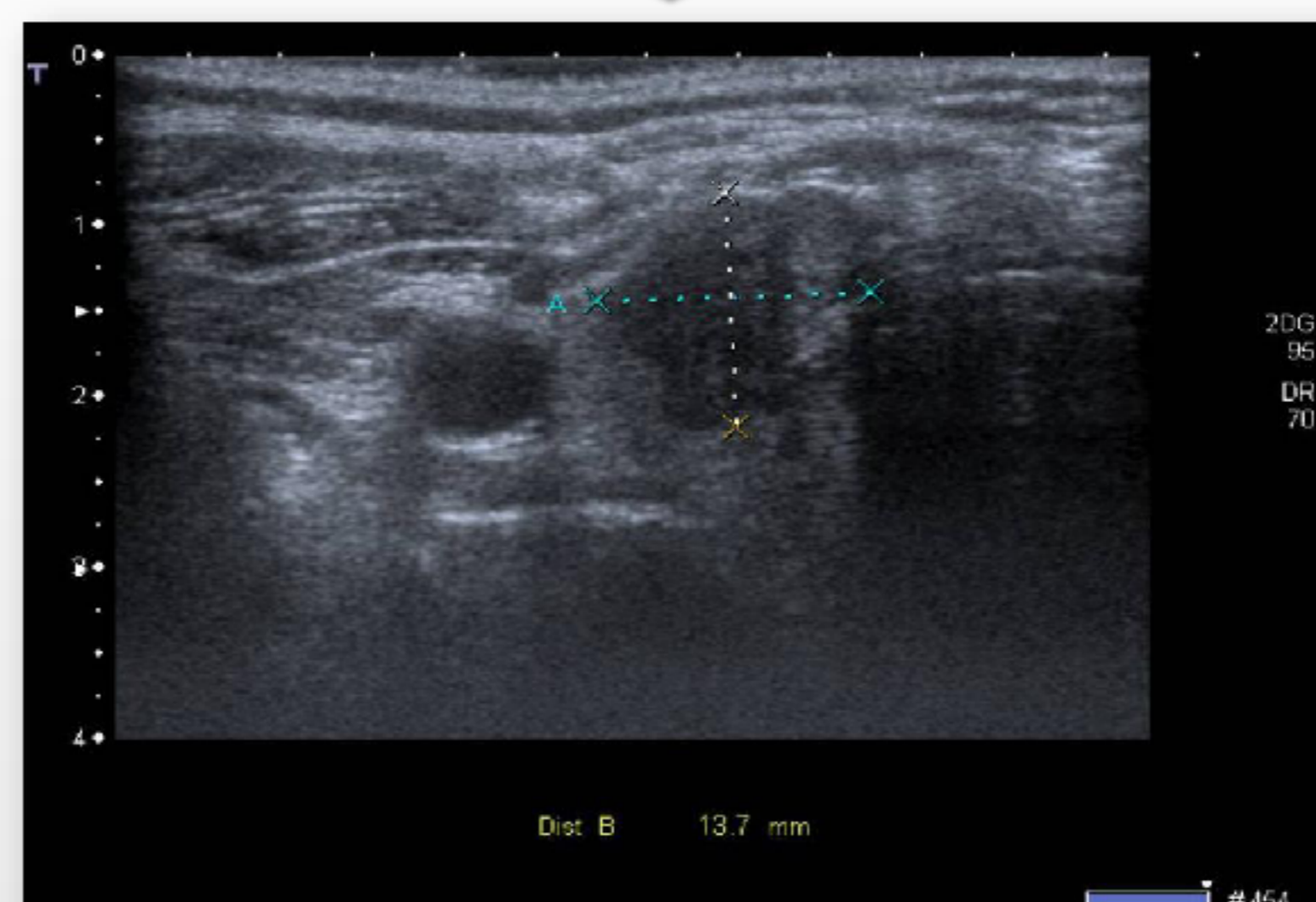


Figure 2: Thyroid ultrasound: 2cm hypoechoic solid nodule with irregular margins and 12mm partial cystic nodule on the right lobe (TIRADS 4c)

Discharged at day 4
No complications

Histological analysis:
- T1b R0
- BRAF V600E + in papillary cells

Radioactive iodine therapy

1 year follow up
No recurrence

Conclusion:

Erdheim-Chester disease + thyroid nodule

Thyroid nodule should be biopsied, even if its clinical aspect is not suspicious

If papillary carcinoma cells are BRAF V600E+

Does not mean that the Erdheim-Chester histiocytes are BRAF V600E+

If a papillary carcinoma is present

BRAF V600E should not be searched on papillary cells, because this does not change therapy

Introduction of the new armamentarium should be based on BRAF V600E positivity in the histiocytes cells