HYPERTROPHIC HASHIMOTO’S THYROIDITIS MIMICKING THYROID LYMPHOMA

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BACKGROUND

- Hashimoto's thyroiditis is a well known risk factor for primary thyroid lymphoma. The risk of PTL is between 40 and 80 times higher in patients with HT;
- The most common presentation of thyroid lymphoma is a rapidly enlarging, painless goiter. Other symptoms such as dyspnea, dysphagia, and hoarseness may arise as a result of the pressure effects of the mass. Cervical lymphadenopathy is present in the majority of cases.

AIM

- To present a case of a rapidly enlarging goiter due to HT accompanied by enlarged lymph nodes and pressure on surrounding structures.

CASE REPORT

- 85 years old female;
- Progressive enlargement of the thyroid since May 2015;
- Dysphonia, dyspnea;
- Concomitant medication: indapamide, metoprolol and candesartan for high blood pressure.

Thyroid ultrasound showing an intense hypoechoic, heterogeneous massive goiter. High blood flow on CFD examination; (upper left: istmus, upper right and lower: left lobe).

Computed tomography showing a massive goiter (right lobe 88(v)/32(tr)/53(ap) mm; left lobe 91(v)/43(tr)/44(ap) mm). Dense, homogeneous, iodofil structure.

Pathology and immunohistochemistry

<table>
<thead>
<tr>
<th>Pathology</th>
<th>Lymph node (Aug 2015)</th>
<th>Thyroid biopsy (Dec 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHC</td>
<td>reactive lymph node</td>
<td>reactive lymphocytes</td>
</tr>
<tr>
<td>Follicles</td>
<td>CD20</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>CD10</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>CD23</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>BCL2</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Ki67</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>D1 cyclin</td>
<td>-</td>
</tr>
<tr>
<td>Parafollicular</td>
<td>CD3</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>CD5</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>CD8</td>
<td>+</td>
</tr>
</tbody>
</table>

AS OF MAY 2016

- Levothyroxine 50 μg/day
- No chemotherapy, no corticotherapy
- No further growth of the goiter;
- No further aggravation of the compression sympotms;
- No new symptoms.

CONCLUSIONS

- Hypertrophic HT can clinically and imagingally mimic thyroid lymphoma;
- An open biopsy of the thyroid may be required in these cases.

BCL2 = B-cell lymphoma 2; CD = cluster of differentiation; FT4 = free thyroxine; IHC = immunohistochemistry; HT = Hashimoto's thyroiditis; NHL = non-Hodgkin lymphoma; PTL = primary thyroid lymphoma; TGL = thyroglobulin; TPO = thyroperoxidase; TSH = thyroid stimulation hormone;