

Case of thyroid carcinoma occasionally found in young patient and the importance of immediate radical therapy

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INTRODUCTION

The number of thyroid cancer is progressively increasing and the majority of those diagnosis are papillary thyroid cancer- the most common type of thyroid cancer. Females are more likely to have thyroid cancer. Thyroid cancer can occur in any age group, although it is most common after age 30, and its aggressiveness increases significantly in older patients. Thyroid cancer does not always cause symptoms. Often the first sign of thyroid cancer is a thyroid nodule.

CASE REPORT

27 years old woman attended our clinic with the complains of fatigue, tachycardia especially at night time. She had no other complains. The patient was sent from cardiologist to check thyroid function. 1 year ago, during pregnancy her thyroid function and thyroid ultrasonography was normal.

We performed laboratory studies: TSH 1,57(0,4-4,0) FT4 1,14(0,89-1,76) anti TPO 126,23(0-60) anti TG 126,23(0-60,0); Thyroid ultrasonography was performed: in the right lobe hypoechogenic solid nodule 5x5x6 mm was found. As the nodule had fibrotic areas Fine Needle Aspiration(FNA) was performed. The conclusion was TIR3A: low-risk indeterminate lesion(we use classification provided by Italian society of anatomic pathology and diagnostic cytology). We suggested chirurgical intervention, but she was against.

We aimed to recheck her hormonal status and ultrasonography after 3 months. So she attended our clinic once again after 3 months, hormonal status was within normal range, the size of nodule was 5x5x8mm and enlarged lymph nodes were found. Once again FNA was performed and the conclusion was TIR5- Papillary carcinoma. So she was immediately sent to radical treatment. Total thyroidectomy, lymph dissection was performed.

CONCLUSIONS

With this case we want to say that when TIR3 is diagnosed it is necessary to perform immediately thyroidectomy in order to prevent metastatic lesion and the progression of disease.

References

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Hawk WA, Hazard JB 1976 The many appearances of papillary carcinoma of the thyroid. *Cleve Clin. Q* 43: 207–215

<http://www.cancer.gov/research/progress/snapshots/thyroid>