ESOPHAGEAL SQUAMOUS CELL CARCINOMA METASTASIS TO THE THYROID GLAND: CASE REPORT

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INTRODUCTION

The thyroid gland is not an uncommon organ for metastatic spread from distant neoplasms at autopsies, but it is rare to be found in clinical situations. It has been reported that <2% of clinically detectable thyroid cancers are of metastatic origin.

The most common malignancies that metastasis to the thyroid are melanoma, renal cell carcinoma, breast carcinoma, lung carcinoma and head and neck carcinomas. Although metastases from gastrointestinal tract malignancies are unusual, the majority of them are from esophageal or colonic primary.

To our knowledge, there are only 5 cases of esophageal carcinoma with thyroid gland metastases in the literature. We present a new case of esophageal squamous cell carcinoma metastases to the thyroid gland.

CASE

A 57-year-old male patient was admitted for evaluation of an enlarged mass on the right neck, which was just noticed by the patient. There was no history of previous irradiation to the neck or chest. No associated symptoms of neck pain, dysphagia, or hypo or hyperthyroidism were identified.

On physical examination, a nontender, well-circumscribed, 2.0 cm nodule was found on the right thyroid. The patient was clinically euthyroid. The thyroglobulin antibody and microsomal antibody tests were negative. Serum thyroglobulin and calcitonin levels were within normal limits.

Ultrasonography revealed hypoechoic nodules on the right and left thyroid and lymph nodes with microcalsifications in the right cervical region of the neck (level III). Ultrasound guided fine needle aspiration cytology from the nodules and lymph nodes revealed the presence of a metastatic squamous cell carcinoma.

On neck computed tomography (CT) there was 30 mm lesion in the subcarinal localization which deplased the esophagus to the right (Figure 1). On thorax CT, there were multiple metastatic noduler lesions.

An esophagogastroduadenoscopy revealed a lobulated lesion in the cervical esophagus distal to the vocal cords. Cytological assessment from multiple biopsies confirmed an esophageal squamous cell carsinoma.

The extent of the disease didn't allow surgery. The patient is currently undergoing chemoradiation. In this report, we present an unusual case of metastatic squamous cell carcinoma from the esophagus to the thyroid.

We think that thyroid nodules in a patient with a history of malignancy should be considered to be secondary thyroid cancer.

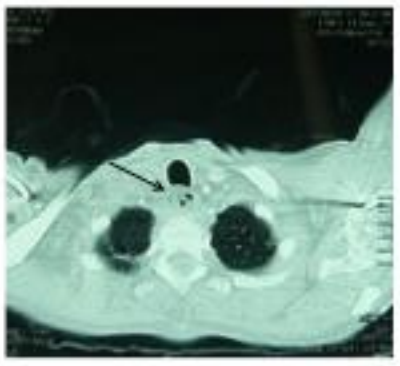

Figure 1. 30 mm lesion in the subcarinal localization which deplased the esophagus to the right

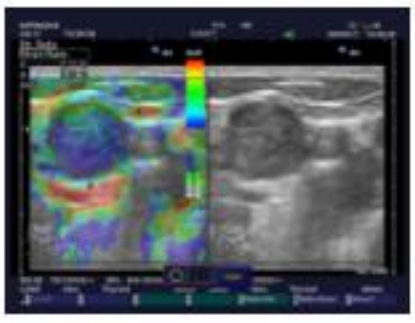

Figure 2. Images of nodule with elastosonography and real time B mode ultrasonography

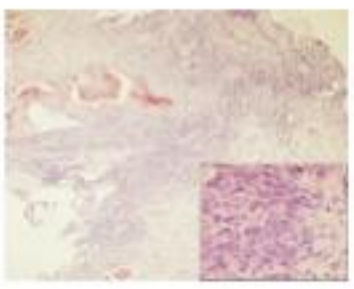

Figure 3. Squamous cell carcinoma diagnosed at proximal eusophagus (H&E, 100x), composed of neoplastic cells with pleomophism, hypechromasia, prominent nucleoli and increased mitotic figures (inlet, H&E 630x).

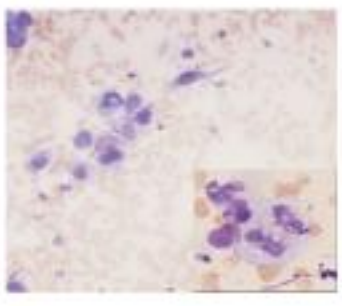

Figure 4. Discohesive areas with high mitotic activity (also inlet, 1000x). Note the presence of cytoplasmic vacuolization and tad pole figures (MGG, 400x). thyroid and LAP