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INTRODUCTION

- Primary thyroid lymphoma is a rare tumor which represents 1–5% of all thyroid malignancies, and 1-2.5% of all lymphomas. Prompt recognition is important because the management of this potentially curable disease is different from the treatment of other neoplasms of the thyroid gland.
- Cancer complicates between 0.02 and 0.1% of all pregnancies. Thyroid lymphoma is very rarely encountered during pregnancy and there are only a few case reports in the modern literature.
- Here we present a case of thyroid lymphoma in a young pregnant woman and review the pertinent literature.

CASE

- A 28-year-old female patient presented with a neck swelling, pain and respiratory distress while she was in the 17th week of her first pregnancy.
- Ultrasonographic and elastosonographic images of left thyroid lobe was shown in Figure 1.
- Subtotal thyroidectomy was performed and combined histological and immunohistochemical analyses led to the diagnosis of diffuse large B cell lymphoma with a high proliferation index (Ki-67: 80%) and positive CD20 (Figure2 and3), CD10 and BCL6.
- Chemotherapy (cyclophosphamide, doxorubicin, vincristine and prednisone (CHOP), 6 cycles every 4 weeks) was planned and the patient underwent the first 4 cycles without vincristine.
- Twenty weeks after the initiation of chemotherapy she had cesarean delivery of a healthy, full-term male infant. Four additional courses of chemotherapy were administered, after which the patient was reevaluated.
- She had no complaints and a total body CT did not show relapse of the disease.

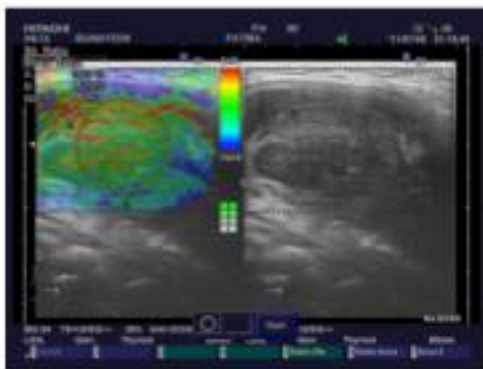


Figure 1. Ultrasonographic and elastosonographic images of left thyroid lobe

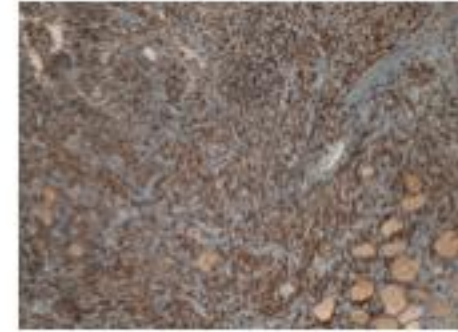


Figure 2. Immunohistochemical examination with Ki 67

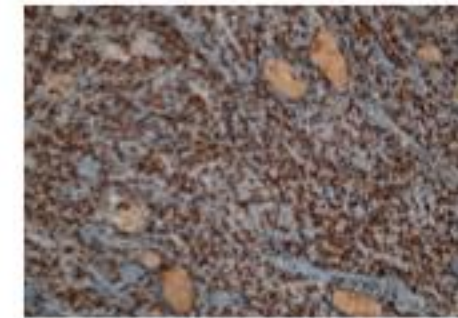


Figure 3. Immunohistochemical examination with CD 20

DISCUSSION

- Thyroid lymphoma occurs primarily in middle-aged to older aged females. Diffuse large B cell lymphoma is the most frequent histologic subtype of thyroid lymphomas. Patients with primary thyroid lymphoma usually present with compressive symptoms such as dyspnea, dysphagia and hoarseness.
- The co-existence of thyroid lymphoma and pregnancy is a rare condition. The unusuality of this condition becomes more clear when it is considered that only approximately 100 cases of non-Hodgkin lymphoma in pregnancy have been reported so far.
- If diagnosed during early pregnancy, the pregnancy should be terminated and chemotherapy started immediately. In advanced pregnancy, chemotherapy should be started as early as possible.
- In conclusion our case is a one of the few examples of thyroid lymphoma associated with pregnancy and it was successfully managed with a combination of surgery and chemotherapy.