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.

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 unsuitability 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 one of the few examples of thyroid lymphoma associated with pregnancy and it was successfully managed with a combination of surgery and chemotherapy.