

## Unusual Metastases Site of Thyroid Papillary Carcinoma: A Case Report and Review of the Literature

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### ABSTRACT

Thyroid carcinoma with cranial scalp metastasis is an unusual site. Although these metastases have poor prognosis, early diagnosis and administration of accurate therapy using radioactive iodine seems likely to improve the survival rate and the quality of life.

We report a case of a 50-years old woman presented to our ENT department with a slowly evolving lesion in the subcutaneous tissue of the skull occurred 10 years after right lobo-isthmectomy. The treatment was based on resection of the skull lesion as well as thyroid totalization and radioactive iodine

### Keywords:

Thyroid cancer, Metastases, Scalp.

### Introduction

Differentiated thyroid cancers are usually revealed by cervical swelling and are generally of good prognosis. Distant metastases are rarely revealing and mainly affect the lung and bone [1]. Cranial site is rare and it is found in 2.5 to 5.8% of thyroid cancers [2].

### Clinical Case

We report a case of a 50-years-old woman who had a right lobo-isthmectomy 10 years ago without any signs of malignancies in the anathomopathological examination. She was admitted 4 months ago to the neurosurgical department for a left parieto-occipital swelling increasing gradually in size, measuring 5 cm × 3cm painful firm and fixed. The patient had also severe headaches. Neurological examination hadn't reveal any sensitive or motor deficit. The rest of the clinical examination hadn't found any abnormalities.

The TSH level was normal and the cervical ultrasound had found a right thyroid empty lodge and a multinodular left lobe classified eu-tirads.

The cerebral MRI had shown a lesion of the parieto occipital

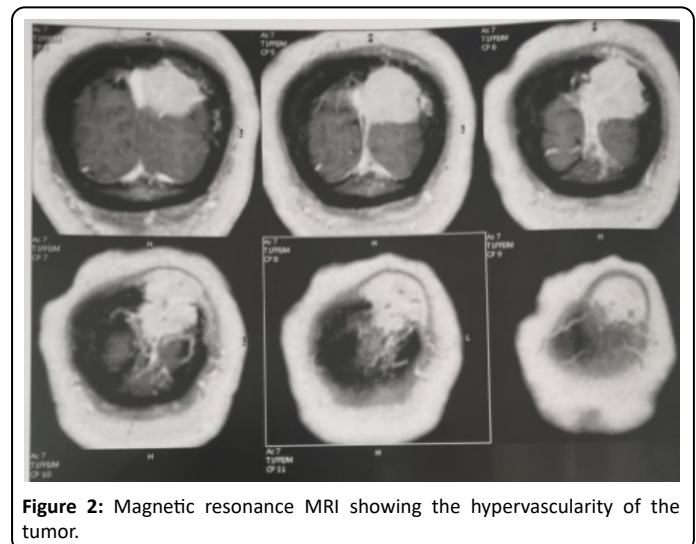


Figure 2: Magnetic resonance MRI showing the hypervascularity of the tumor.

region in iso-signal T2 measuring 65 mm of long axis with mass effect on the cerebral parenchyma (Figure 1) A magnetic resonance angiography was requested revealing a hypervascularity of the tumor (Figure 2).

The patient was operated with excision of the tumor, anatomopathological examination concluded a metastasis of papillary thyroid carcinoma, afterwards she was presented to our ENT department, the patient had undergone a thyroid totalization pointing out the same histopathological type (Figure 2), followed by radioactive iodine therapy.

### Discussion

Papillary Thyroid Carcinoma (PTC) is the most common type of thyroid malignancy, accounting for 50% to 89% of all cases. It is frequently seen between the ages of 30 to 40 years and is more common in women with a female/male ratio of 3:1 [3]. PTC is highly lymphotropic. Early spread to intrathyroidal and cervical lymph nodes is common leading to multifocal disease often present in patients. However, distant metastasis of PTC is rare. Lung, bone and central nervous system are the most common sites. Metastasis of PTC to skin is a very rare condition.

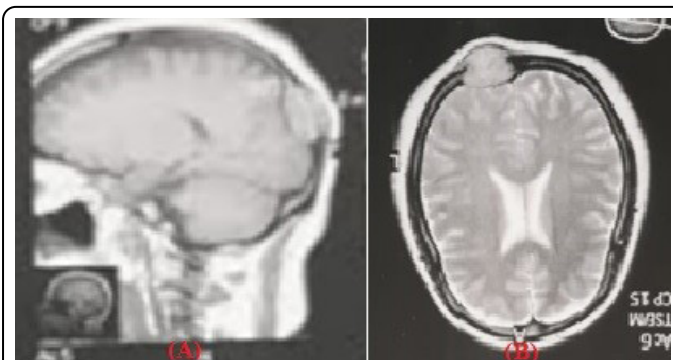


Figure 1: Cerebral MRI showing a lesion of the parieto occipital region in iso-signal T2. a): sagittal section; b): axial section.

In a series of 731 patients with a diagnosis of papillary thyroid carcinoma, 91 patients experienced distant metastasis outside regional lymph nodes. Of these, only six cases metastasized to the skin at a rate of less than 1% [4]. Scalp, face, neck, shoulder, chest, arm, abdomen and thigh are the reported cutaneous areas involved in metastatic PTC [4,5]. Scalp is the most frequent cutaneous site of metastasis in PTC [6]. The literature reported 13 cases of scalp metastasis from PTC [1]. Koller et al. reported approximately 50 cases of follicular, papillary or mixed follicular–papillary thyroid metastatic carcinomas. They reported one case of an 81-year-old Caucasian woman who presented with a parietal scalp nodule as a PTC skin metastasis [6].

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