



CASE- REPORT



An Ectopic location of papillary carcinoma of the thyroid

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Summary

Papillary carcinoma is one of the most common differentiated cancers of the thyroid. Its localization is mainly thyroid, nevertheless, the embryological development of this gland as well as the metastatic power presented by certain anatomopathological variants make it possible to explain certain unusual localizations of thyroid cancers. The purpose of this article is to present through a clinical case, an ectopic situation of a papillary carcinoma despite the regularity and normality of the thyroid gland.

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1 | INTRODUCTION

S Like any other organ, the thyroid gland does not escape tumor pathology, which is very often a benign form. The cancerous form presents an anatomopathologic richness attributing to each one different characteristics on the diagnostic and therapeutic level.

The behavior of these tumors may be responsible for unusual topographic forms, which may also be the expression of a degeneration of thyroid tissue that did not reach its destination during embryonic migration.

This article relates to a clinical case observed in the department of Oto-Rhino-Laryngology of the specialty hospital of RABAT, concerning an ectopic localization of a papillary carcinoma of the thyroid.

2 | CLINICAL CASE

A 43 year old female patient, with no particular medical or surgical history or associated disease, presents a left latero-cervical mass that has been evolving for 18 months, causing discomfort while carvical mobilization without any other associated sign. The overlying skin has a healthy appearance; the mass is polylobed, with regular contours, and a renitent consistency, measuring approximately 10 cm in diameter.



Fig1: Clinical aspect

The scannographic exploration evoked in first a teratoma, with a regular thyroid gland of normal aspect on the ultrasound complement.

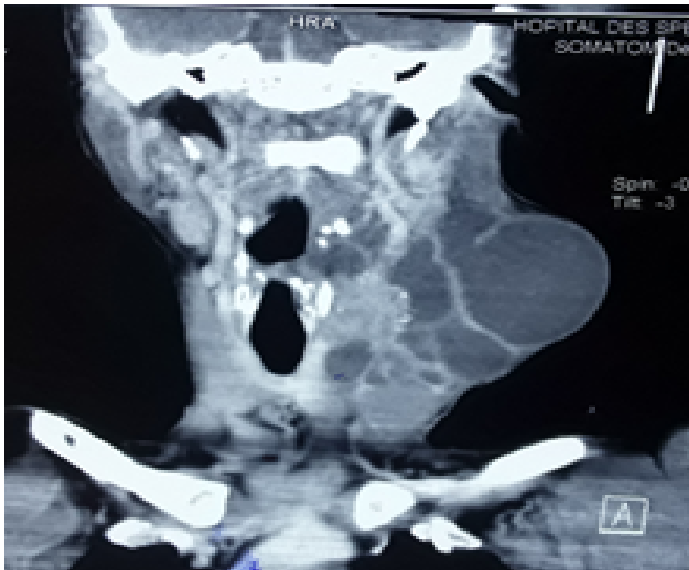


Fig2: CT-Scan of the cervical mass

In view of these clinico-radiological elements, a large cervicotomy plus extemporaneous study was decided. Surgical exploration revealed a cleavable, cystic mass with intimate contact to the upper part of the left thyroid cartilage. The extemporaneous study evokes the thyroid origin of the specimen with the presence of suspicious cells confirmed at the final study of the specimen objectifying a papillary thyroid carcinoma, which motivated a total thyroidectomy. The patient was then treated with an adjuvant Radioactive Iodine Therapy. Our patient is currently 02 years post-operative without any recurrence.



Fig3: Surgical view

3 | DISCUSSION

The neck area is an anatomically rich zone due to the diversity of the tissues that compose it. It is very often the site of tumoral pathology, mostly benign. The proximity of the hollow aerodigestive organs with their lymph nodes explains the frequency of adenopathies which participate considerably in the frequency of cervical masses.

This diversity sometimes causes diagnostic difficulties despite the development of the current tools.

In addition to mature tissue abnormalities, there are embryological abnormalities, not sparing the adult subject, despite the fact that their diagnosis is often made in childhood. These embryological abnormalities occur most often as a result of defects in tissue migration responsible for a certain metaplasia, an inappropriate location that is expressed clinically most often by a simple mass effect or other more consequential symptomatology, depending on the behavior of the tissue in question.

The interest brought to these entities lies in the fact that their evolution is likely to be malignant transformation regardless of the initial clinical expression.

Malignant degeneration of thyroid ectopy represents one of the most feared examples of cervical masses resulting from an embryological defect. Thyroid ectopy is a pathology or abnormality of embryological development that is quite rare. Often asymptomatic, it can sometimes be revealed following the etiological assessment of hypothyroidism. Its prevalence is estimated at 1 per 100,000 to 300,000 hypothyroid patients. (1).

The recent development of a cervical mass could lead to the discovery of an ectopy, which should not

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not omit the possibility of malignant degeneration. The development of a cervical tumefaction on the embryological migration path of the thyroid suggests a closure defect of the thyroglossal duct in children and a mass of laryngeal origin in adults in the first place. The fact is that in some situations the clinico-radiological expression may first suggest a benign nature. In our case, the CT scan suggested a teratoma on the basis of the scan data, which is quite different from a papillary carcinoma, for example. Fine needle aspiration is of great interest here.

Malignant transformation into papillary carcinoma of ectopic thyroid tissues occurs in less than 1% of cases (2). Surgical intervention is always recommended in these cases, associated with treatment by Radioactive Iodine Therapy (2). The statistical evolution cannot be significant in one case, nevertheless, we note the absence of recurrence with a two-year follow-up in our patient. Certain factors have been defined as prognostic elements in papillary carcinoma.

A high Thyroglobulin level with significant FDG binding in contrast to iodine scintigraphy is a poor prognostic factor. (3)

A careful pre-therapeutic evaluation is always necessary to staging the tumor process.

A Scintigraphy and PET scan should be performed to look for distant localizations.

Therapeutic management includes in most cases surgery, which will be treated on a case by case basis in a multidisciplinary consultation meeting.

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