

Thyroid metastasis of the primary lung adenocarcinoma: a case report

Primer akciğer adenokarsinomun tiroid metastazı: Olgu sunumu

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Metastatic diseases of thyroid are rarely seen. For the patients who had previous malignancy in their history, metastatic lesions should not be ignored in the differential diagnosis of massive lesions in the thyroid gland, even the primary tumor was treated years ago. In this article, we present a case with lung adenocarcinoma which was metastatic to the thyroid gland.

Key Words: Lung adenocarcinoma; thyroid metastasis; thyroidectomy.

Tiroid metastazı nadir görülür. Öyküsünde geçirilmiş malignite olan hastalarda, primer tümör yıllar önce tedavi edilmiş olsa dahi, tiroid bezindeki masif lezyonların ayırıcı tanısında metastatik lezyonlar gözden kaçırılmamalıdır. Bu yazıda tiroid bezine metastaz yapmış akciğer adenokarsinom olgusu sunuldu.

Anahtar Sözcükler: Akciğer adenokarsinomu; tiroid metastazı; tiroidektomi.

Carcinomas rarely metastasize to the thyroid. The most frequent metastatic tumors of thyroid are renal cell carcinomas.^[1] Metastasis of such tumors as nasopharyngeal carcinoma, breast carcinoma, malignant melanoma, leiomyosarcoma, pancreatic carcinoma, esophageal carcinoma, rectal carcinoma and lung carcinoma have also been documented.^[2,3] The frequency of metastatic thyroid tumors among all thyroid malignancies is 1.2%.^[3] Patients who show progression with the thyroid metastasis have a bad outlook.^[2,4] We present this case in whom a metastatic tumor was detected 3.5 years after diagnosis of right lung adenocarcinoma and review the literature.

CASE REPORT

A 72-year-old male patient consulted at the chest surgery clinic with cough, dyspnea, blood in the

phlegm and back pain complaints. He was afebrile, with blood pressure of 120/80 mmHg and a pulse rate of 98/min. He had a smoking history of 45 pack-years. On clinical examination, rough rales over the upper and medial zones of the right lung and decreased respiratory sounds were detected. An area of opacity was observed in the upper zone of the right lung on X-ray. A massive 4x6x8 cm diameter lesion with irregular borders adjacent to the chest wall was seen in the upper lobe of the right lung on thoracic computed tomography (CT). Computed tomography guided transthoracic fine-needle aspiration biopsy yielded a histopathologic diagnosis of primary lung adenocarcinoma. Cranial magnetic resonance imaging (MRI) and positron emission tomography (PET)-CT confirmed absence of metastasis. No endobronchial lesion was detected in fiberoptic bronchoscopy.